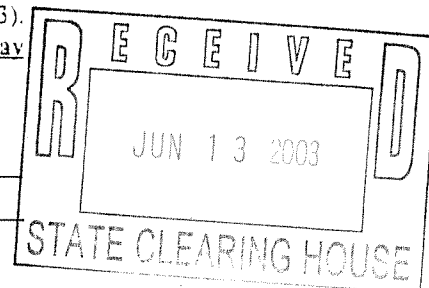


Federal Grant Applications

The following are Applications for Federal Assistance received by the State Clearinghouse **June 1-15th**. The State Clearinghouse reviews federally funded grants mandated by Executive Order 12372. The State Clearinghouse **does not** have information on federally funded grants. Information can be obtained by calling the federal agency funding the grant or by looking in the Catalog of Federal Domestic Assistance.

Application Form

Please ensure all questions are answered completely, and typed in the spaces below. All documents submitted with the original copy of the application must have original signatures. Stamped or electronic signatures will not be accepted. Previous editions of this application may not be used (4/16/03). Incomplete application or missing documentation may result in the delay of processing and/or result in denial of your application.



I. General Information

Applicant Organization's Legal Name: City of Folsom

Applicant Agency ORI Number: CA 03401

The ORI number is assigned to your agency by the FBI for purposes of UCR crime reporting. It begins with your two letter state abbreviation followed by five digits. For further clarification, please refer to the Glossary of Common Grant Terms section of the Application Instructions, page 20.

Applicant Agency EIN Number: 94-6000334

The EIN number is assigned to your agency by the Internal Revenue Service (IRS) and consists of nine digits. However, if the Office of Justice Programs has assigned your department an EIN number, please use that assigned number. Otherwise, your IRS EIN number should be used. For further clarification, please refer to the Glossary of Common Grant Terms section of the Application Instructions, page 19.

Federal Congressional District Number(s): 16-710

Do not substitute state or local congressional districts. If your agency spans more than one congressional district, please list all of the districts above.

Are you contracting for law enforcement services? ☐ Yes ☒ No

If "yes," the government body should be named in the Applicant Organization's Legal Name space above. For further clarification in determining if this applies to your agency, please refer to the Glossary of Common Grant Terms section of the Application Instructions, page 19.

In the space below, please provide a brief description of your agency's inability to implement this project without federal assistance.

For the past several years, three to four Police Officers have been assigned as SRO's in the Folsom schools; one officer at the elementary and middle schools, and two officer at the high school. One officer was assigned to the (GREAT) program which was eliminated at the end of the 2001-2002 school year due to budget reductions. As we move into the 2003-2004 school year, significant budget cuts will result in additional SRO reductions from 3 to 2 officers. Two more SRO's are needed to accommodate increasing student populations and requests for counseling, mentoring, prevention, intervention, and education services. This proposal is requesting the addition of two School Resource Officers to maintain and enhance the community policing efforts at the elementary and middle schools, and to re-institute the Gang Resistance Education and Training program at the middle and elementary schools.

COPS in Schools Application Forms

II. Executive Information

The law enforcement and government executives that appear in this section must be those individuals who will have ultimate financial and programmatic authority for this grant. Typically, these are the highest-ranking officials within a jurisdiction (chief of police, sheriff, or equivalent for law enforcement executives, and mayor, city manager, or equivalent for government executives). Listing individuals without financial and programmatic authority for the grant could delay the review of your application, or remove your application from consideration.

Law Enforcement Executive's Name: Sam Spiegel

Title: Chief of Police Agency Name: Folsom Police Department

Address: 46 Natoma Street

City: Folsom State: CA Zip Code: 95630

Telephone: (916) 355-7240 Fax: (916) 355-7200

Email: sspiegel@folsom.ca.us

Type of Police Agency:

- ☒ Municipal ☐ State ☐ County PD
☐ Sheriff* ☐ Tribal
☐ School* ☐ University/College* (☐ Public or ☐ Private)
☐ Public Housing* ☐ New Start-Up* (please specify): _____
☐ Other* (please specify): _____

* Agency types with an asterisk next to them must complete the additional appropriate questionnaire found in this Application Forms, and submit it along with the application.

Government Executive's Name: Martha Lofgren

Title: City Manager

Name of Government Entity: City of Folsom

Address: 50 Natoma Street

City: Folsom State: CA Zip Code: 95630

Telephone: (916) 355-7315 Fax: (916) 355-7328

Email: jcrichon@folsom.ca.us

Application Form

Type of Government Entity:

- ☒ State ☐ City ☐ Town ☐ County
☐ Borough ☐ Township ☐ Territory ☐ Region
☐ Community ☐ Pueblo ☐ Nation ☐ School District
☐ Village ☐ Council
☐ Other (please specify): _____

Contact Information:

Name of contact person in your agency familiar with this grant application:

Capt. Wayne Vierra

Title: Police Captian

Telephone: (916) 355-7244 Fax: (916) 985-7643

Email: wvierra@folsom.ca.us

III. Partner Information

Under the COPS in Schools grant program, applicants must enter into a partnership agreement with an official for a specific school or school district with general educational oversight authority within that jurisdiction. Please note, you must designate one school official as the school representative under the grant program.** In the space below, please provide the information for the individual who will be responsible for ensuring that the appropriate school official attends the mandatory COPS in Schools Training. If the proposed project affects an entire school district, then the official with general educational oversight over the entire school district should complete the information below. In addition, this individual will be required to sign the attached *COPS in Schools Training Requirement*.

Name of Partner Agency or School District: Folsom-Cordova Unified School District

School Official Name: Deborah Bettencourt Title: Deputy Superintendent

Address: 125 East Bidwell Street

City: Folsom State: CA Zip Code: 95630

Telephone: (916) 355-1100 Fax: (916) 985-6939

Email: dbettenc@fcusd.k12.ca.us

***If there are multiple partners involved in this project, please provide the information listed above for each of the partners on the attached "Additional Partner Page" included with this application. However, the legal applicant must decide on one school official to be designated for the purpose of this grant. At the present time, only one school official per grant award will be permitted to attend the CIS Training due to logistical constraints.*

COPS in Schools Application Forms

At the time an application is submitted, agencies must include two separate typed documents prepared in cooperation with the partner school(s), or school district(s), involved in the program.

The first document is the Narrative Addendum that outlines the proposed project. *For additional information on this requirement, please refer to page 33 of this Application Form.*

The second document is the Memorandum of Understanding (MOU) form that details the roles and responsibilities of the partners involved in this project. *For additional information on this requirement, please refer to page 35 of this Application Form.*

In addition, the Retention Certification Form outlines your agency's plan to retain all additional officer positions awarded for at least one full local budget cycle following the expiration of COPS grant funding for each COPS-funded officer position must also be submitted. The law enforcement executive and government executive that are listed on page 4 of this Application Form must sign this form.

COPS In Schools Additional Training Condition

****Signatures required****

Please have the Law Enforcement Executive and one designated School Representative sign the attached COPS in Schools Training Requirement on page 9.

All agencies receiving awards through the COPS in Schools program are required to send the officer(s) deployed into the school resource officer position(s) as a result of this grant, and one individual designated as the school representative under the grant program, to one COPS in Schools Training. The COPS Office will reimburse grantees for training, per diem, travel, and lodging costs for attendance of the required participants up to a maximum of \$1,200 per person attending. Agencies that receive a COPS in Schools grant will receive additional training information following notification of the grant award. The training requirement must be completed prior to the end of the 36-months of grant funding for officer positions.

IV. Department Information:

Population served (2000 U.S. Census):*

If the population that your agency serves is not represented by U.S. Census figures (e.g., school district police departments), please indicate the size of the population served here: 63,800 (Department of Finance)

Square miles covered by your agency: * 15

* Exclude the population and square miles primarily served by other law enforcement agencies within your jurisdiction. For example, a sheriff's department must exclude populations and areas covered by a city police department for which the sheriff's department does not have primary law enforcement authority.

Application Form

Current budgeted locally funded sworn force strength as of the date of this application:

Full-time officers: 64 Part-time officers: 0

The budgeted locally funded sworn force strength is the number of sworn officers your department has funded in its budget, including state and locally funded vacancies. Do not include unpaid/reserve officers, COPS-funded positions (unless they are in the locally-funded retention period), or detention staff.

Current actual locally funded sworn force strength as of the date of this application:

Full-time officers: 64 Part-time officers: 0

The actual locally funded sworn force strength is the actual number of sworn officers employed by your department as of the date of this application. Do not include vacant state or locally-funded positions, COPS-funded positions (unless they are in the locally-funded retention period), or unpaid/reserve positions.

V. Officer Request Information:

What is the total number of new officer position(s) for which you are now requesting under this COPS in Schools application?

Full-time: 2 Part-time: 0

Your request should be consistent with your agency's law enforcement needs. Do not request more positions than your agency can support and retain.

*Total amount of federal funds requested for all full-time and part-time officer positions: \$ 125,000 x 2 = \$250,000

*Total amount of non-federal matching funds required (local share, if required):

\$ 113,364 x 2 = \$226,728

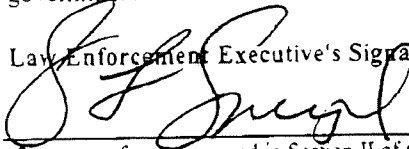
* To answer these questions, complete the COPS in Schools 2003 Budget Information Worksheets provided in these Application Forms. The maximum amount of funding available per officer position is \$125,000 (pages 19-31). The difference between \$125,000 and the agency's total cost per officer position is the agency's local match. Please note the attached budget worksheets are to be completed for one officer; as a result, please remember to multiply by the total number of officers requested.

COPS in Schools Application Forms

I understand that prior to any grant award, the applicant must comply with all application and program requirements of the Public Safety Partnership and Community Policing Act of 1994 and other requirements of federal law. In addition, my signature certifies that this application requests funding only for positions that would not be otherwise funded in my agency's budget with state, local or Bureau of Indian Affairs funds.

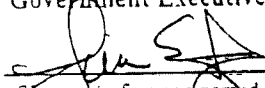
By signing below, I certify that the information provided on this form and the attached forms is true and accurate to the best of my knowledge. I understand that false statements or claims made in connection with COPS grants may result in fines, imprisonment, debarment from participating in federal grants or contracts, and/or any other remedy available by law to the Federal government.

Law Enforcement Executive's Signature:


(Signature of person named in Section II of this form)

Date: 6-12-03

Government Executive's Signature:


(Signature of person named in Section II of this form)

Date: 6-12-03

School Official's Signature:

Deborah Bettencourt
(Signature of person named under Section III "Partner Information" as the designated School Representative for this grant program and the required training.)

Date: 6-12-03

Please return one original and two copies of all application materials. Please be sure to include all forms as outlined in the CIS 2003 Application Checklist and any additional information necessary to complete this request for grant funding. Completed application forms should be mailed to:

COPS in Schools Control Desk
U.S. Department of Justice, COPS Office
1100 Vermont Avenue, N.W.
7th floor
Washington, D.C. 20530 (please use 20005 zip code for overnight mail)

Note: Original signatures are required on the original application to process all funding requests. Faxed copies will NOT be accepted. Applications postmarked after the final application deadline date will not be considered.

Please be advised that a hold may be placed on this application if it is deemed that the applicant agency is not in compliance with federal civil rights laws and/or is not cooperating with an ongoing federal civil rights investigation.

OMB Approval Number: 1103-0027

Application for Federal Assistance

U.S. Department of Housing and Urban Development

OMB Approval No.2501-0017 (exp. 03/31/2005)

1. Type of Submission

☒ Application☐ Preapplication

2. Date Submitted 06/13/2003	4. HUD Application Number
3. Date and Time Received by HUD	5. Existing Grant Number
	6. Applicant Identification Number

7. Applicant's Legal Name MAAC Project		8. Organizational Unit Seniors on Broadway	
9. Address (give city, county, State, and zip code) A. Address: 22 West 35th Street, Suite 200 B. City: National City C. County: San Diego D. State: CA E. Zip Code: 91950		10. Name, title, telephone number, fax number, and e-mail of the person to be contacted on matters involving this application (including area codes) A. Name: JoEllen Smith B. Title: Vice President C. Phone: (512) 328-3232, x71 D. Fax: (512) 328-4584 E. E-mail: joellens@mciver.com	
11. Employer Identification Number (EIN) or SSN 95-2457534		12. Type of Applicant (enter appropriate letter in box) N A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District H. Independent School District I. University or College J. Indian Tribe K. Tribally Designated Housing Entity (TDHE) L. Individual M. Profit Organization N. Non-profit O. Public Housing Authority P. Other (Specify)	
13. Type of Application <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Renewal <input type="checkbox"/> Revision If Revision, enter appropriate letters in box(es) <input type="checkbox"/> <input type="checkbox"/> A. Increase Amount B. Decrease Amount C. Increase Duration D. Decrease Duration E. Other (Specify)		14. Name of Federal Agency U.S. Department of Housing and Urban Development	
15. Catalog of Federal Domestic Assistance (CFDA) Number 14 --- 157 Title: Section 202 Component Title: Supportive Housing for the Elderly		16. Descriptive Title of Applicant's Program Section 202, Supportive Housing for the Elderly Project - 40 year capital advance financing from HUD. Rental subsidy for all units.	
17. Areas affected by Program (boroughs, cities, counties, States, Indian Reservation, etc.) City of Chula Vista, San Diego County, California			
18a. Proposed Program start date 11/1/03	18b. Proposed Program end date 5/1/05	19a. Congressional Districts of Applicant CA-51st	19b. Congressional Districts of Program CA-51st
20. Estimated Funding: Applicant must complete the Funding Matrix on Page 2.			
21. Is Application subject to review by State Executive Order 12372 Process? A. Yes <input checked="" type="checkbox"/> This preapplication/application was made available to the State Executive Order 12372 Process for review on: Date 6/13/03 B. No <input type="checkbox"/> Program is not covered by E.O. 12372 <input type="checkbox"/> Program has not been selected by State for review.			
22. Is the Applicant delinquent on any Federal debt? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If "Yes," explain below or attach an explanation.			

Funding Matrix

The applicant must provide the funding matrix shown below, listing each program for which HUD funding is being requested, and complete the certifications.

Grant Program*	HUD Share	Applicant Match	Other HUD Funds	Other Federal Share	State Share	Local/Tribal Share	Other	Program Income	Total
Section 202	5,040,300.00								5,040,300.00
									0.00
									0.00
									0.00
									0.00
Grand Totals	5,040,300.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	5,040,300.00

* For FHIPs, show both initiative and component

Certifications

I certify, to the best of my knowledge and belief, that no Federal appropriated funds have been paid, or will be paid, by or on behalf of the applicant, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress, in connection with the awarding of this Federal grant or its extension, renewal, amendment or modification. If funds other than Federal appropriated funds have or will be paid for influencing or attempting to influence the persons listed above, I shall complete and submit Standard Form-LLL, Disclosure Form to Report Lobbying. I certify that I shall require all sub awardees at all tiers (including sub-grants and contracts) to similarly certify and disclose accordingly.

Federally recognized Indian Tribes and tribally designated housing entities (TDHEs) established by Federally-recognized Indian tribes as a result of the exercise of the tribe's sovereign power are excluded from coverage of the Byrd Amendment, but State-recognized Indian tribes and TDHEs established under State law are not excluded from the statute's coverage.

This application incorporates the Assurances and Certifications (HUD-424B) attached to this application or renews and incorporates for the funding you are seeking the Assurances and Certifications currently on file with HUD. To the best of my knowledge and belief, all information in this application is true and correct and constitutes material representation of fact upon which HUD may rely in awarding the agreement.

23. Signature of Authorized Official

Name (printed)

Mitchell L. Thompson

Title

Senior Vice President

Date (mm/dd/yyyy)

6/9/03

DOT

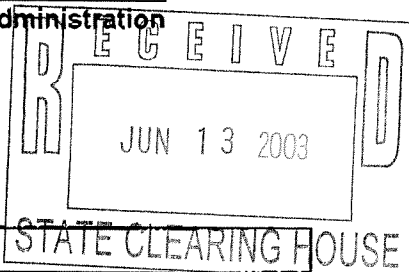


FTA

U.S. Department of Transportation

Federal Transit Administration

Application for Federal Assistance



Recipient ID:	1675
Recipient Name:	SANTA CRUZ METROPOLITAN TRANSIT DISTRICT
Project ID:	CA-03-0505-02
Budget Number:	3 - Budget Pending Approval
Project Information:	Facility Construction, Bus Replacements

Part 1: Recipient Information

Project Number:	CA-03-0505-02
Recipient ID:	1675
Recipient Name:	SANTA CRUZ METROPOLITAN TRANSIT DISTRICT
Address:	370 ENCINAL ST SUITE 100, SANTA CRUZ, CA 95060 0000
Telephone:	(831) 426-6080
Facsimile:	(834) 266-117

Part 2: Project Information

Project Type:	Grant	Gross Project Cost:	\$1,918,73
Project Number:	CA-03-0505-02	Adjustment Amt:	\$
Project Description:	Facility Construction, Bus Replacements	Total Eligible Cost:	\$1,918,73
Recipient Type:	Transit Authority	Total FTA Amt:	\$1,534,98
FTA Project Mgr:	John Hunt	Total State Amt:	\$
Recipient Contact:	Tom Hiltner	Total Local Amt:	\$383,74
New/Amendment:	Amendment	Other Federal Amt:	\$
Amend Reason:	Increase Award	Special Cond Amt:	\$
Fed Dom Asst. #:	20500	Special Condition:	None Specified
Sec. of Statute:	5309	S.C. Tgt. Date:	None Specified
State Appl. ID:	10	S.C. Eff. Date:	None Specified
Start/End Date:	Jan. 01, 2004 - Apr. 15, 2006	Est. Oblig Date:	None Specified
Recvd. By State:		Pre-Award Authority?:	Yes

EO 12372 Rev:	YES	Fed. Debt Authority?:	No
Review Date:	None Specified	Final Budget?:	No
Planning Grant?:	NO		
Program Date (STIP/UPWP/FTA Prm Plan):	Apr. 29, 2003		
Program Page:	SCR-24		
Application Type:	Electronic		
Supp. Agreement?:	No		
Debt. Delinq. Details:			

Urbanized Areas

UZA ID	UZA Name
62270	SANTA CRUZ, CA

Congressional Districts

State ID	District Code	District Official
6	17	Sam Farr

Project Details

This grant includes 5 projects to buy new rolling stock and 1 project to construct an operating and maintenance facility which will replace facilities lost in the 1989 Loma Prieta earthquake.

The SCMTD proposes to build a new bus facility in the Harvey West Industrial Park. The proposed facility consists of a cluster of maintenance and operations facilities to service a fleet of up to 98 buses. METRO's own Minor Maintenance Facility and River Street Operations facility will be expanded into adjacent properties.

The new bus facility is the District's highest priority. The project will be funded by a combination of FTA Section 5039, Section 5307 funds, local Air District AB 2766 funds, local sales tax revenues, proceeds from the sale of the existing land and facilities owned by SCMTD and proceeds from the lawsuit settlement against the builders of the Watsonville Maintenance Facility that was irreparably damaged by the earthquake.

The FTA provided Section 5309 and 5307 funds for preliminary engineering, design engineering and right-of-way acquisition for this project in FTA grants CA-03-0413-02 and CA-90-X873.

Amendment #1, requested 7/11/2001, added \$1,721,822 from the FY2000 5309 appropriation to fund bus replacement projects.

Amendment #2, requested 5/2003, adds \$1,534,988 in FY 2001 FTA Section 5309 Bus Allocations to the construction project.

Part 3: Budget

Project Budget

DOT

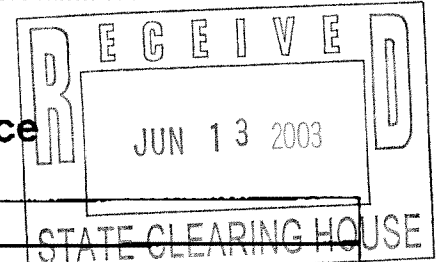


FTA

U.S. Department of Transportation

Federal Transit Administration

Application for Federal Assistance



Recipient ID:	1675
Recipient Name:	SANTA CRUZ METROPOLITAN TRANSIT DISTRICT
Project ID:	CA-90-Y224-00
Budget Number:	1 - Budget Pending Approval
Project Information:	FY2002-FY2003 Operating Assistance

Part 1: Recipient Information

Project Number:	CA-90-Y224-00
Recipient ID:	1675
Recipient Name:	SANTA CRUZ METROPOLITAN TRANSIT DISTRICT
Address:	370 ENCINAL ST SUITE 100, SANTA CRUZ, CA 95060 0000
Telephone:	(831) 426-6080
Facsimile:	(834) 266-117

Part 2: Project Information

Project Type:	Grant	Gross Project Cost:	\$31,086.00
Project Number:	CA-90-Y224-00	Adjustment Amt:	\$
Project Description:	FY2002-FY2003 Operating Assistance	Total Eligible Cost:	\$31,086.00
Recipient Type:	Transit Authority	Total FTA Amt:	\$2,804.43
FTA Project Mgr:	John Hunt	Total State Amt:	\$5,134.52
Recipient Contact:	Thomas Hiltner	Total Local Amt:	\$23,147.04
New/Amendment:	New	Other Federal Amt:	\$
Amend Reason:	Initial Application	Special Cond Amt:	\$
Fed Dom Asst. #:	20507	Special Condition:	None
Sec. of Statute:	5307	S.C. Tgt. Date:	None Specified
State Appl. ID:	None Specified	S.C. Eff. Date:	None Specified
Start/End Date:	Jul. 01, 2002 - Jun. 30, 2003	Est. Oblig Date:	None Specified
Recvd. By State:	May. 28, 2003	Pre-Award Authority?:	Yes

View Print

EO 12372 Rev:	Not Applicable	Fed. Debt Authority?:	No
Review Date:	None Specified	Final Budget?:	No
Planning Grant?:	NO		
Program Date (STIP/UPWP/FTA Prm Plan):	Apr. 25, 2003		
Program Page:	MPO ID #8140		
Application Type:	Electronic		
Supp. Agreement?:	Yes		
Debt. Delinq. Details:			

Urbanized Areas

UZA ID	UZA Name
60000	CALIFORNIA
62270	SANTA CRUZ, CA

Congressional Districts

State ID	District Code	District Official
6	17	Sam Farr

Project Details

FY 2003 OPERATING ASSISTANCE (Section 5307): The project provides funds for operating transit service in the Santa Cruz and Watsonville urbanized areas from July 1, 2002 through June 30, 2003.

Part 3: Budget

Project Budget

	Quantity	ETA Amount	Tot. Elig. Cost
SCOPE			
300-00 OPERATING ASSISTANCE	0	\$2,804,435	\$31,086,000
ACTIVITY			
30.09.00 OPERATING ASSISTANCE - 50% (USE FPC 04)	0	\$2,804,435	\$31,086,000
Estimated Total Eligible Cost:			\$31,086,000
Federal Share:			\$2,804,435
Local Share:			\$28,281,565

**Application for
Federal Assistance**

**U.S. Department of Housing
and Urban Development**

OMB Approval No.2501-0017 (exp. 03/31/2005)

1. Type of Submission



Application



Preapplication

2. Date Submitted

06/13/2003

4. HUD Application Number

3. Date and Time Received by HUD

5. Existing Grant Number

6. Applicant Identification Number

7. Applicant's Legal Name

Citizens Housing Corporation

8. Organizational Unit

N/A

9. Address (give city, county, State, and zip code)

A. Address: 26 O'Farrell Street

B. City: San Francisco

C. County: San Francisco

D. State: California

E. Zip Code: 94108

10. Name, title, telephone number, fax number, and e-mail of the person to be contacted on matters involving this application (Including area codes)

A. Name: James M. Buckley

B. Title: President

C. Phone: 415/421-8605

D. Fax: 415/421-8605

E. E-mail: jbuckley@citizenshousing.org

11. Employer Identification Number (EIN) or SSN

66-0309766

12. Type of Applicant (enter appropriate letter in box)

N

A. State

I. University or College

B. County

J. Indian Tribe

C. Municipal

K. Tribally Designated Housing Entity (TDHE)

D. Township

L. Individual

E. Interstate

M. Profit Organization

F. Intermunicipal

N. Non-profit

G. Special District

O. Public Housing Authority

H. Independent School District

P. Other (Specify)

14. Name of Federal Agency

U.S. Department of Housing and Urban Development

15. Catalog of Federal Domestic Assistance (CFDA) Number

14 - 157

Title: Supportive Housing for the Elderly

Component Title:

16. Descriptive Title of Applicant's Program

Section 202 Supportive Housing for the Elderly; will provide 40 units of supportive housing for seniors in San Francisco.

17. Areas affected by Program (boroughs, cities, counties, States, Indian Reservation, etc.) City of San Francisco

18a. Proposed Program start date

9/2003 (Exp. HUD Award)

18b. Proposed Program end date

3/2005 (Initial Close)

19a. Congressional Districts of Applicant

District 8; Pelosi

19b. Congressional Districts of

Program District 8; Pelosi

20. Estimated Funding: Applicant must complete the Funding Matrix on Page 2.

21. Is Application subject to review by State Executive Order 12372 Process?

A. Yes



This preapplication/application was made available to the State Executive Order 12372 Process for review on: Date 6/13/03

B. No



Program is not covered by E.O. 12372



Program has not been selected by State for review.

22. Is the Applicant delinquent on any Federal debt?



No



Yes If "Yes," explain below or attach an explanation.

Funding Matrix

The applicant must provide the funding matrix shown below, listing each program for which HUD funding is being requested, and complete the certifications.

Grant Program*	HUD Share	Applicant Match	Other HUD Funds	Other Federal Share	State Share	Local/Tribal Share	Other	Program Income	Total
HUD 202	4,218,000	10,000	0	0	0	4,189,212			8,417,212
									0.00
									0.00
									0.00
									0.00
Grand Totals	4,218,000	10,000	0.00	0.00	0.00	4,189,212	0.00	0.00	8,417,212

* For FHIPs, show both initiative and component

Certifications

I certify, to the best of my knowledge and belief, that no Federal appropriated funds have been paid, or will be paid, by or on behalf of the applicant, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress, in connection with the awarding of this Federal grant or its extension, renewal, amendment or modification. If funds other than Federal appropriated funds have or will be paid for influencing or attempting to influence the persons listed above, I shall complete and submit Standard Form-LLL, Disclosure Form to Report Lobbying. I certify that I shall require all sub awards at all tiers (including sub-grants and contracts) to similarly certify and disclose accordingly.

Federally recognized Indian Tribes and tribally designated housing entities (TDHEs) established by Federally-recognized Indian tribes as a result of the exercise of the tribe's sovereign power are excluded from coverage of the Byrd Amendment, but State-recognized Indian tribes and TDHEs established under State law are not excluded from the statute's coverage.

This application incorporates the Assurances and Certifications (HUD-424B) attached to this application or renews and incorporates for the funding you are seeking the Assurances and Certifications currently on file with HUD. To the best of my knowledge and belief, all information in this application is true and correct and constitutes material representation of fact upon which HUD may rely in awarding the agreement.

23. Signature of Authorized Official

Name (printed)

James M. Buckley

Title

President

Date (mm/dd/yyyy)

06/11/03

Application Form

Please ensure all questions are answered completely, and typed in the spaces below. All documents submitted with the original copy of the application must have original signatures. Stamped or electronic signatures will not be accepted. Previous editions of this application may not be used (4/16/03). **Incomplete application or missing documentation may result in the delay of processing and/or result in denial of your application.**

I. General Information

Applicant Organization's Legal Name: City of Yuba City

Applicant Agency ORI Number: 0510200

The ORI number is assigned to your agency by the FBI for purposes of UCR crime reporting. It begins with your two letter state abbreviation followed by five digits. For further clarification, please refer to the Glossary of Common Grant Terms section of the Application Instructions, page 20.

Applicant Agency EIN Number: 946000460

The EIN number is assigned to your agency by the Internal Revenue Service (IRS) and consists of nine digits. However, if the Office of Justice Programs has assigned your department an EIN number, please use that assigned number. Otherwise, your IRS EIN number should be used. For further clarification, please refer to the Glossary of Common Grant Terms section of the Application Instructions, page 19.

Federal Congressional District Number(s): 3rd

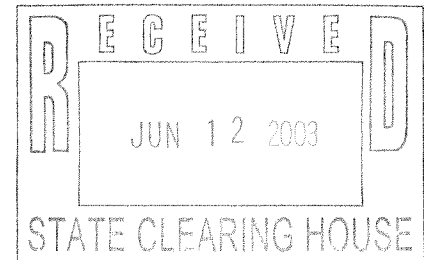
Do not substitute state or local congressional districts. If your agency spans more than one congressional district, please list all of the districts above.

Are you contracting for law enforcement services? ☐ Yes ☒ No

If "yes," the government body should be named in the Applicant Organization's Legal Name space above. For further clarification in determining if this applies to your agency, please refer to the Glossary of Common Grant Terms section of the Application Instructions, page 19.

In the space below, please provide a brief description of your agency's inability to implement this project without federal assistance.

SEE ATTACHED NARRATIVE ADDENDUM



COPS in Schools Application Forms

II. Executive Information

The law enforcement and government executives that appear in this section must be those individuals who will have ultimate financial and programmatic authority for this grant. Typically, these are the highest-ranking officials within a jurisdiction (chief of police, sheriff, or equivalent for law enforcement executives, and mayor, city manager, or equivalent for government executives). Listing individuals without financial and programmatic authority for the grant could delay the review of your application, or remove your application from consideration.

Law Enforcement Executive's Name:

Title: Chief of Police Agency Name: Yuba City Police DepartmentAddress: 1545 Poole BoulevardCity: Yuba City State: CA Zip Code: 95993Telephone: (530) 822-4667 Fax: (530) 822-3222Email: rdoscher@yubacity.net

Type of Police Agency:

☒ Municipal☐ State☐ County PD☐ Sheriff*☐ Tribal☐ School*☐ University/College* (☐ Public or ☐ Private)☐ Public Housing*☐ New Start-Up* (please specify): _____☐ Other* (please specify): _____

** Agency types with an asterisk next to them must complete the additional appropriate questionnaire found in this Application Forms, and submit it along with the application.*

Government Executive's Name: Jeff FoltzTitle: City AdministratorName of Government Entity: City of Yuba CityAddress: 1201 Civic Center BoulevardCity: Yuba City State: CA Zip Code: 95993Telephone: (530) 822-4601 Fax: (530) 822-4694Email: jfoltz@yubacity.net

Application Form

Type of Government Entity:

- ☐ State ☒ City ☐ Town ☐ County
☐ Borough ☐ Township ☐ Territory ☐ Region
☐ Community ☐ Pueblo ☐ Nation ☐ School District
☐ Village ☐ Council
☐ Other (please specify): _____

Contact Information:

Name of contact person in your agency familiar with this grant application:

Michael JohnsonTitle: SergeantTelephone: (530) 822-4676 Fax: (530) 822-4799Email: mjohnson@yubacity.net**III. Partner Information**

Under the COPS in Schools grant program, applicants must enter into a partnership agreement with an official for a specific school or school district with general educational oversight authority within that jurisdiction. **Please note, you must designate one school official as the school representative under the grant program.**** In the space below, please provide the information for the individual who will be responsible for ensuring that the appropriate school official attends the mandatory COPS in Schools Training. If the proposed project affects an entire school district, then the official with general educational oversight over the entire school district should complete the information below. In addition, this individual will be required to sign the attached *COPS in Schools Training Requirement*.

Name of Partner Agency or School District: Yuba City Unified School DistrictSchool Official Name: Bob Kruse Title: Director of Student ServicesAddress: 750 Palora AvenueCity: Yuba City State: CA Zip Code: 95991Telephone: (530) 822-7641 Fax: (530) 822-4419Email: bkruse@ycusd.k12.ca.us

****If there are multiple partners involved in this project, please provide the information listed above for each of the partners on the attached "Additional Partner Page" included with this application. However, the legal applicant must decide on one school official to be designated for the purpose of this grant. At the present time, only one school official per grant award will be permitted to attend the CIS Training due to logistical constraints.**

**Application for
Federal Assistance**

**U.S. Department of Housing
and Urban Development**

OMB Approval No.2501-0017 (exp. 03/31/2005)

1. Type of Submission



Application



Preapplication

2. Date Submitted

4. HUD Application Number

3. Date and Time Received by HUD

5. Existing Grant Number

6. Applicant Identification Number

7. Applicant's Legal Name

Marian Homes

8. Organizational Unit

housing

9. Address (give city, county, State, and zip code)

A. Address: 3424 Wilshire Blvd. 2nd floor

B. City: Los Angeles

C. County: Los Angeles

D. State: CA

E. Zip Code: 90010

10. Name, title, telephone number, fax number, and e-mail of the person to be contacted on matters involving this application (including area codes)

A. Name: Julie Jordan

B. Title: Project Manager

C. Phone: 661-266-2577

D. Fax: 661-266-3016

E. E-mail: info@PhippsCarr.com

11. Employer Identification Number (EIN) or SSN

95-4095764

12. Type of Applicant (enter appropriate letter in box)

N

A. State

I. University or College

B. County

J. Indian Tribe

C. Municipal

K. Tribally Designated Housing Entity (TDHE)

D. Township

L. Individual

E. Interstate

M. Profit Organization

F. Intermunicipal

N. Non-profit

G. Special District

O. Public Housing Authority

H. Independent School District

P. Other (Specify)

13. Type of Application

☒ New ☐ Continuation ☐ Renewal ☐ Revision

If Revision, enter appropriate letters in box(es)

A. Increase Amount B. Decrease Amount C. Increase Duration

D. Decrease Duration E. Other (Specify)

14. Name of Federal Agency

U.S. Department of Housing and Urban Development

15. Catalog of Federal Domestic Assistance (CFDA) Number

14-157

Title: housing for disabled

Component Title:

16. Descriptive Title of Applicant's Program

acquisition/rehabilitation of group home for developmentally disabled adults

17. Areas affected by Program (boroughs, cities, counties, States, Indian Reservation, etc.)

Garden Grove, LA County, CA

18a. Proposed Program start date

12-03

18b. Proposed Program end date

12-04

19a. Congressional Districts of Applicant

30th

19b. Congressional Districts of Program

48th

20. Estimated Funding: Applicant must complete the Funding Matrix on Page 2.

21. Is Application subject to review by State Executive Order 12372 Process?

A. Yes ☒ This preapplication/application was made available to the State Executive Order 12372 Process for review on: Date 6-1-03

B. No ☐ Program is not covered by E.O. 12372

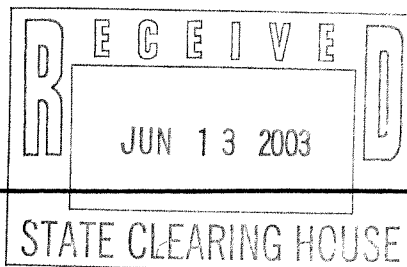
☐ Program has not been selected by State for review.

22. Is the Applicant delinquent on any Federal debt?



No

☐ Yes If "Yes," explain below or attach an explanation.



Funding Matrix

The applicant must provide the funding matrix shown below, listing each program for which HUD funding is being requested, and complete the certifications.

Grant Program*	HUD Share	Applicant Match	Other HUD Funds	Other Federal Share	State Share	Local/Tribal Share	Other	Program Income	Total
Sect 811	419,145	2,096							421,241
									0.00
									0.00
									0.00
									0.00
Grand Totals	419,145	2,096	0.00	0.00	0.00	0.00	0.00	0.00	0.00

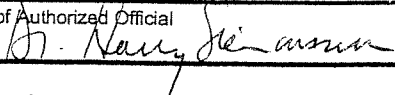
* For FHIPs, show both initiative and component

Certifications

I certify, to the best of my knowledge and belief, that no Federal appropriated funds have been paid, or will be paid, by or on behalf of the applicant, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress, in connection with the awarding of this Federal grant or its extension, renewal, amendment or modification. If funds other than Federal appropriated funds have or will be paid for influencing or attempting to influence the persons listed above, I shall complete and submit Standard Form-LLL, Disclosure Form to Report Lobbying. I certify that I shall require all sub awards at all tiers (including sub-grants and contracts) to similarly certify and disclose accordingly.

Federally recognized Indian Tribes and tribally designated housing entities (TDHEs) established by Federally-recognized Indian tribes as a result of the exercise of the tribe's sovereign power are excluded from coverage of the Byrd Amendment, but State-recognized Indian tribes and TDHEs established under State law are not excluded from the statute's coverage.

This application incorporates the Assurances and Certifications (HUD-424B) attached to this application or renews and incorporates for the funding you are seeking the Assurances and Certifications currently on file with HUD. To the best of my knowledge and belief, all information in this application is true and correct and constitutes material representation of fact upon which HUD may rely in awarding the agreement.

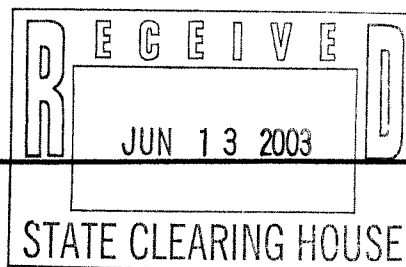
23. Signature of Authorized Official 		Name (printed) Dr. Harry Siemonsma	
Title President		Date (mm/dd/yyyy) 6-2-03	

**Application for
Federal Assistance**

**U.S. Department of Housing
and Urban Development**

OMB Approval No.2501-0017 (exp. 03/31/2005)

1. Type of Submission <input checked="" type="checkbox"/> Application <input type="checkbox"/> Preapplication		2. Date Submitted	4. HUD Application Number
3. Date and Time Received by HUD		5. Existing Grant Number	
6. Applicant Identification Number		7. Applicant's Legal Name Promising Futures, Inc.	
8. Organizational Unit Housing		9. Address (give city, county, State, and zip code) A. Address: 12960 HaHana Road B. City: Lakeside C. County: San Diego D. State: CA E. Zip Code: 92040	
10. Name, title, telephone number, fax number, and e-mail of the person to be contacted on matters involving this application (including area codes) A. Name: Julie Jordan B. Title: Project Manager C. Phone: 661-266-2577 D. Fax: 661-266-3016 E. E-mail: info@PhippsCarr.com		11. Employer Identification Number (EIN) or SSN 95-4000408	
12. Type of Applicant (enter appropriate letter in box) N A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District H. Independent School District I. University or College J. Indian Tribe K. Tribally Designated Housing Entity (TDHE) L. Individual M. Profit Organization N. Non-profit O. Public Housing Authority P. Other (Specify)		13. Type of Application <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Renewal <input type="checkbox"/> Revision If Revision, enter appropriate letters in box(es) <input type="checkbox"/> <input type="checkbox"/> A. Increase Amount B. Decrease Amount C. Increase Duration D. Decrease Duration E. Other (Specify)	
14. Name of Federal Agency U.S. Department of Housing and Urban Development		15. Catalog of Federal Domestic Assistance (CFDA) Number 14 — 157 Title: housing for developmentally disabled Component Title:	
16. Descriptive Title of Applicant's Program group home for 6 developmentally disabled		17. Areas affected by Program (boroughs, cities, counties, States, Indian Reservation, etc.) El Cajon, San Diego County, CA	
18a. Proposed Program start date 12/3/03	18b. Proposed Program end date 12/4/03	19a. Congressional Districts of Applicant 52nd	19b. Congressional Districts of Program 52nd
20. Estimated Funding: Applicant must complete the Funding Matrix on Page 2.			
21. Is Application subject to review by State Executive Order 12372 Process? A. Yes <input checked="" type="checkbox"/> This preapplication/application was made available to the State Executive Order 12372 Process for review on: Date <u>6/1/03</u> B. No <input type="checkbox"/> Program is not covered by E.O. 12372 <input type="checkbox"/> Program has not been selected by State for review.			
22. Is the Applicant delinquent on any Federal debt? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If "Yes," explain below or attach an explanation.			



Funding Matrix

The applicant must provide the funding matrix shown below, listing each program for which HUD funding is being requested, and complete the certifications.

Grant Program*	HUD Share	Applicant Match	Other HUD Funds	Other Federal Share	State Share	Local/Tribal Share	Other	Program Income	Total
811	421,305.00	2,107.00							424,223.00
									0.00
									0.00
									0.00
									0.00
Grand Totals	421,305.00	2,107.00	0.00	0.00	0.00	0.00	0.00	0.00	423,412.00

* For FHIPs, show both initiative and component

Certifications

I certify, to the best of my knowledge and belief, that no Federal appropriated funds have been paid, or will be paid, by or on behalf of the applicant, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress, in connection with the awarding of this Federal grant or its extension, renewal, amendment or modification. If funds other than Federal appropriated funds have or will be paid for influencing or attempting to influence the persons listed above, I shall complete and submit Standard Form-LLL, Disclosure Form to Report Lobbying. I certify that I shall require all sub awards at all tiers (including sub-grants and contracts) to similarly certify and disclose accordingly.

Federally recognized Indian Tribes and tribally designated housing entities (TDHEs) established by Federally-recognized Indian tribes as a result of the exercise of the tribe's sovereign power are excluded from coverage of the Byrd Amendment, but State-recognized Indian tribes and TDHEs established under State law are not excluded from the statute's coverage.

This application incorporates the Assurances and Certifications (HUD-424B) attached to this application or renews and incorporates for the funding you are seeking the Assurances and Certifications currently on file with HUD. To the best of my knowledge and belief, all information in this application is true and correct and constitutes material representation of fact upon which HUD may rely in awarding the agreement.

23. Signature of Authorized Official

Name (printed)

Martha Morrissey

Title

President

Date (mm/dd/yyyy)

6-10-03

Application for Federal Assistance

U.S. Department of Housing
and Urban Development

C Approval No.2501-0017 (exp. 03/31/2005)

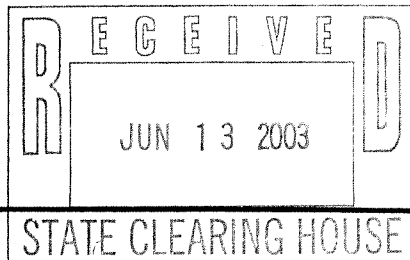
Type of Submission

☒ Application

☐ Preapplication

2. Date Submitted	4. HUD Application Number
3. Date and Time Received by HUD	5. Existing Grant Number
	6. Applicant Identification Number Aerick

7. Applicant's Legal Name HOME OWNERSHIP MADE EASY (HOME)		8. Organizational Unit HOUSING	
9. Address (give city, county, State, and zip code) A. Address: 5901 GREEN VALLEY CIRCLE B. City: CULVER CITY C. County: LOS ANGELES D. State: CALIFORNIA E. Zip Code: 90230		10. Name, title, telephone number, fax number, and e-mail of the person to be contacted on matters involving this application (including area codes) A. Name: JULIE JORDAN B. Title: PROJECT MANAGER C. Phone: 661) 266-2577 D. Fax: 661) 266-3016 E. E-mail: INFO@PHIPPSCARR.COM	
11. Employer Identification Number (EIN) or SSN 95-3822105		12. Type of Applicant (enter appropriate letter in box) N A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District H. Independent School District I. University or College J. Indian Tribe K. Tribally Designated Housing Entity (TDHE) L. Individual M. Profit Organization N. Non-profit O. Public Housing Authority P. Other (Specify)	
13. Type of Application <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Renewal <input type="checkbox"/> Revision If Revision, enter appropriate letters in box(es) <input type="checkbox"/> <input type="checkbox"/> A. Increase Amount B. Decrease Amount C. Increase Duration D. Decrease Duration E. Other (Specify)		14. Name of Federal Agency U.S. Department of Housing and Urban Development	
15. Catalog of Federal Domestic Assistance (CFDA) Number 14 -- 157 Title: HOUSING FOR PERSONS WITH DISABILITIES Component Title:		16. Descriptive Title of Applicant's Program FIVE UNIT INDEPENDANT LIVING PROJECT	
17. Areas affected by Program (boroughs, cities, counties, States, Indian Reservation, etc.) INGLEWOOD, LOS ANGELES COUNTY, CA.		18a. Proposed Program start date 12/31/03	
18b. Proposed Program end date 12/31/04		19a. Congressional Districts of Applicant 52	
		19b. Congressional Districts of Program 52	
20. Estimated Funding: Applicant must complete the Funding Matrix on Page 2.			
21. Is Application subject to review by State Executive Order 12372 Process? A. Yes <input checked="" type="checkbox"/> This preapplication/application was made available to the State Executive Order 12372 Process for review on: Date 6/6/03 B. No <input type="checkbox"/> Program is not covered by E.O. 12372 <input type="checkbox"/> Program has not been selected by State for review.			
22. Is the Applicant delinquent on any Federal debt? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If "Yes," explain below or attach an explanation.			



Funding Matrix

The applicant must provide the funding matrix shown below, listing each program for which HUD funding is being requested, and complete the certifications.

Grant Program*	HUD Share	Applicant Match	Other HUD Funds	Other Federal Share	State Share	Local/Tribal Share	Other	Program Income	Total
Sect 811	448,680	2,243							450,923
									0.00
									0.00
									0.00
									0.00
Grand Totals	448,680	2,243	0.00	0.00	0.00	0.00	0.00	0.00	450,923

* For FHIPs, show both initiative and component

Certifications

I certify, to the best of my knowledge and belief, that no Federal appropriated funds have been paid, or will be paid, by or on behalf of the applicant, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress, in connection with the awarding of this Federal grant or its extension, renewal, amendment or modification. If funds other than Federal appropriated funds have or will be paid for influencing or attempting to influence the persons listed above, I shall complete and submit Standard Form-LLL, Disclosure Form to Report Lobbying. I certify that I shall require all sub awards at all tiers (including sub-grants and contracts) to similarly certify and disclose accordingly.

Federally recognized Indian Tribes and tribally designated housing entities (TDHEs) established by Federally-recognized Indian tribes as a result of the exercise of the tribe's sovereign power are excluded from coverage of the Byrd Amendment, but State-recognized Indian tribes and TDHEs established under State law are not excluded from the statute's coverage.

This application incorporates the Assurances and Certifications (HUD-424B) attached to this application or renews and incorporates for the funding you are seeking the Assurances and Certifications currently on file with HUD. To the best of my knowledge and belief, all information in this application is true and correct and constitutes material representation of fact upon which HUD may rely in awarding the agreement.

23. Signature of Authorized Official

Name (printed)

David Silva

Title Executive Director

Date (mm/dd/yyyy)

6-2-03

**Application for
Federal Assistance**

**U.S. Department of Housing
and Urban Development**

OMB Approval No.2501-0017 (exp. 03/31/2005)

1. Type of Submission

☐

Application

☐

Preapplication

2. Date Submitted

4. HUD Application Number

3. Date and Time Received by HUD

5. Existing Grant Number

6. Applicant Identification Number

Grace

7. Applicant's Legal Name

Home Ownership Made Easy, Inc. (HOME)

8. Organizational Unit

housing

9. Address (give city, county, State, and zip code)

A. Address: 5901 Green Valley Circle

B. City: Culver City

C. County: Los Angeles

D. State: CA

E. Zip Code: 90230

10. Name, title, telephone number, fax number, and e-mail of the person to be contacted on matters involving this application (including area codes)

A. Name: Julie Jordan

B. Title: Project Manager

C. Phone: 661-266-2577

D. Fax: 661-266-3016

E. E-mail: info@PhippsCarr.com

11. Employer Identification Number (EIN) or SSN

95-3822105

12. Type of Applicant (enter appropriate letter in box)

N

A. State

I. University or College

B. County

J. Indian Tribe

C. Municipal

K. Tribally Designated Housing Entity (TDHE)

D. Township

L. Individual

E. Interstate

M. Profit Organization

F. Intermunicipal

N. Non-profit

G. Special District

O. Public Housing Authority

H. Independent School District

P. Other (Specify)

13. Type of Application

☒ New ☐ Continuation ☐ Renewal ☐ Revision

If Revision, enter appropriate letters in box(es)

☐ ☐

A. Increase Amount B. Decrease Amount C. Increase Duration

D. Decrease Duration E. Other (Specify)

15. Catalog of Federal Domestic Assistance (CFDA) Number

14 — 157

Title: housing for disabled

Component Title:

16. Descriptive Title of Applicant's Program

acquisition/rehabilitation of 7 unit apartment complex for developmentally disabled adults.

17. Areas affected by Program (boroughs, cities, counties, States,

Indian Reservation, etc.) Inglewood, LA County, CA

18a. Proposed Program start date

12/3/03

18b. Proposed Program end date

12/4/03

19a. Congressional Districts of Applicant

52

19b. Congressional Districts of

Program 62

20. Estimated Funding: **Applicant must complete the Funding Matrix on Page 2.**

21. Is Application subject to review by State Executive Order 12372 Process?

A. Yes

☒

This preapplication/application was made available to the State Executive Order 12372 Process for review on: Date 6/1/03

B. No

☐

Program is not covered by E.O. 12372

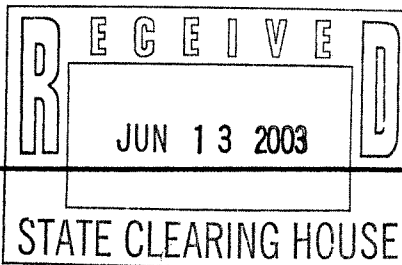
Program has not been selected by State for review.

22. Is the Applicant delinquent on any Federal debt?

☒

No

☐ Yes If "Yes," explain below or attach an explanation.



Funding Matrix

The applicant must provide the funding matrix shown below, listing each program for which HUD funding is being requested, and complete the certifications.

Grant Program*	HUD Share	Applicant Match	Other HUD Funds	Other Federal Share	State Share	Local/Tribal Share	Other	Program Income	Total
HUD 811	526,722	2,634							529,356
									0.00
									0.00
									0.00
									0.00
Grand Totals	526,722	2,634	0.00	0.00	0.00	0.00	0.00	0.00	529,356

* For FHIPs, show both initiative and component

Certifications

I certify, to the best of my knowledge and belief, that no Federal appropriated funds have been paid, or will be paid, by or on behalf of the applicant, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress, in connection with the awarding of this Federal grant or its extension, renewal, amendment or modification. If funds other than Federal appropriated funds have or will be paid for influencing or attempting to influence the persons listed above, I shall complete and submit Standard Form-LLL, Disclosure Form to Report Lobbying. I certify that I shall require all sub awards at all tiers (including sub-grants and contracts) to similarly certify and disclose accordingly.

Federally recognized Indian Tribes and tribally designated housing entities (TDHEs) established by Federally-recognized Indian tribes as a result of the exercise of the tribe's sovereign power are excluded from coverage of the Byrd Amendment, but State-recognized Indian tribes and TDHEs established under State law are not excluded from the statute's coverage.

This application incorporates the Assurances and Certifications (HUD-424B) attached to this application or renews and incorporates for the funding you are seeking the Assurances and Certifications currently on file with HUD. To the best of my knowledge and belief, all information in this application is true and correct and constitutes material representation of fact upon which HUD may rely in awarding the agreement.

23. Signature of Authorized Official

Name (printed)

David Silva

Title

Executive Director

Date (mm/dd/yyyy)

6-3-03

**Application for
Federal Assistance**

**U.S. Department of Housing
and Urban Development**

Approval No.2501-0017 (exp. 03/31/2005)

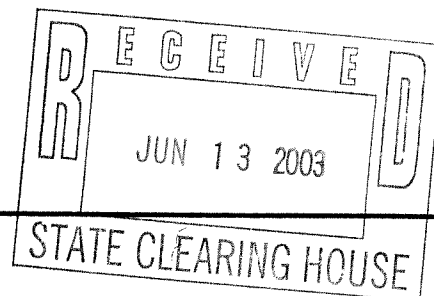
Type of Submission

☒ Application

☐ Preapplication

2. Date Submitted	4. HUD Application Number
3. Date and Time Received by HUD	5. Existing Grant Number
	6. Applicant Identification Number

7. Applicant's Legal Name HOME OWNERSHIP MADE EASY (HOME)		8. Organizational Unit HOUSING	
9. Address (give city, county, State, and zip code) A. Address: 5901 GREEN VALLEY CIRCLE B. City: CULVER CITY C. County: LOS ANGELES D. State: CALIFORNIA E. Zip Code: 90230		10. Name, title, telephone number, fax number, and e-mail of the person to be contacted on matters involving this application (including area codes) A. Name: JULIE JORDAN B. Title: PROJECT MANAGER C. Phone: 661) 266-2577 D. Fax: 661) 266-3016 E. E-mail: INFO@PHIPPSCARR.COM	
11. Employer Identification Number (EIN) or SSN 95-3822105		12. Type of Applicant (enter appropriate letter in box) N A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District H. Independent School District I. University or College J. Indian Tribe K. Tribally Designated Housing Entity (TDHE) L. Individual M. Profit Organization N. Non-profit O. Public Housing Authority P. Other (Specify)	
13. Type of Application <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Renewal <input type="checkbox"/> Revision If Revision, enter appropriate letters in box(es) <input type="checkbox"/> <input type="checkbox"/> A. Increase Amount B. Decrease Amount C. Increase Duration D. Decrease Duration E. Other (Specify)		14. Name of Federal Agency U.S. Department of Housing and Urban Development	
15. Catalog of Federal Domestic Assistance (CFDA) Number 14 -- 157 Title: HOUSING FOR PERSONS WITH DISABILITIES Component Title:		16. Descriptive Title of Applicant's Program FIVE UNIT INDEPENDANT LIVING PROJECT	
17. Areas affected by Program (boroughs, cities, counties, States, Indian Reservation, etc.) INGLEWOOD, LOS ANGELES COUNTY, CA.		18a. Proposed Program start date 12/31/03	
18b. Proposed Program end date 12/31/04		19a. Congressional Districts of Applicant 52	
		19b. Congressional Districts of Program 52	
20. Estimated Funding: Applicant must complete the Funding Matrix on Page 2.			
21. Is Application subject to review by State Executive Order 12372 Process? A. Yes <input checked="" type="checkbox"/> This preapplication/application was made available to the State Executive Order 12372 Process for review on: Date 6/6/03 B. No <input type="checkbox"/> Program is not covered by E.O. 12372 <input type="checkbox"/> Program has not been selected by State for review.			
22. Is the Applicant delinquent on any Federal debt? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If "Yes," explain below or attach an explanation.			



Funding Matrix

The applicant must provide the funding matrix shown below, listing each program for which HUD funding is being requested, and complete the certifications.

Grant Program*	HUD Share	Applicant Match	Other HUD Funds	Other Federal Share	State Share	Local/Tribal Share	Other	Program Income	Total
Sect 811	746,620	3,733							750,353
									0.00
									0.00
									0.00
									0.00
Grand Totals	746,620	3,733	0.00	0.00	0.00	0.00	0.00	0.00	750,353

* For FHIPs, show both initiative and component

Certifications

I certify, to the best of my knowledge and belief, that no Federal appropriated funds have been paid, or will be paid, by or on behalf of the applicant, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress, in connection with the awarding of this Federal grant or its extension, renewal, amendment or modification. If funds other than Federal appropriated funds have or will be paid for influencing or attempting to influence the persons listed above, I shall complete and submit Standard Form-LLL, Disclosure Form to Report Lobbying. I certify that I shall require all sub awards at all tiers (including sub-grants and contracts) to similarly certify and disclose accordingly.

Federally recognized Indian Tribes and tribally designated housing entities (TDHEs) established by Federally-recognized Indian tribes as a result of the exercise of the tribe's sovereign power are excluded from coverage of the Byrd Amendment, but State-recognized Indian tribes and TDHEs established under State law are not excluded from the statute's coverage.

This application incorporates the Assurances and Certifications (HUD-424B) attached to this application or renews and incorporates for the funding you are seeking the Assurances and Certifications currently on file with HUD. To the best of my knowledge and belief, all information in this application is true and correct and constitutes material representation of fact upon which HUD may rely in awarding the agreement.

23. Signature of Authorized Official

Name (printed)

David Silva

Title

Executive Director

Date (mm/dd/yyyy)

6-6-03

Application Form

Please ensure all questions are answered completely, and typed in the spaces below. All documents submitted with the original copy of the application must have original signatures. Stamped or electronic signatures will not be accepted. Previous editions of this application may not be used (4/16/03). Incomplete application or missing documentation may result in the delay of processing and/or result in denial of your application.

I. General Information

Applicant Organization's Legal Name: City of Camarillo

Applicant Agency ORI Number: CA 05601

The ORI number is assigned to your agency by the FBI for purposes of UCR crime reporting. It begins with your two letter state abbreviation followed by five digits. For further clarification, please refer to the Glossary of Common Grant Terms section of the Application Instructions, page 20.

Applicant Agency EIN Number: 95600944

The EIN number is assigned to your agency by the Internal Revenue Service (IRS) and consists of nine digits. However, if the Office of Justice Programs has assigned your department an EIN number, please use that assigned number. Otherwise, your IRS EIN number should be used. For further clarification, please refer to the Glossary of Common Grant Terms section of the Application Instructions, page 19.

Federal Congressional District Number(s): 24

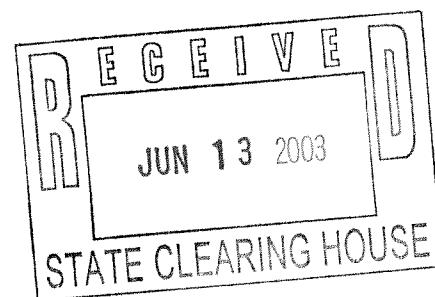
Do not substitute state or local congressional districts. If your agency spans more than one congressional district, please list all of the districts above.

Are you contracting for law enforcement services? ☒ Yes ☐ No

If "yes," the government body should be named in the Applicant Organization's Legal Name space above. For further clarification in determining if this applies to your agency, please refer to the Glossary of Common Grant Terms section of the Application Instructions, page 19.

In the space below, please provide a brief description of your agency's inability to implement this project without federal assistance.

Budget cuts have eliminated any possibility of funding
this position. The City of Camarillo eliminated
\$300,000 from the Police Department's 2003-2004
fiscal budget. No new positions were authorized
without revenues off-set.



COPS in Schools Application Forms

II. Executive Information

The law enforcement and government executives that appear in this section must be those individuals who will have ultimate financial and programmatic authority for this grant. Typically, these are the highest-ranking officials within a jurisdiction (chief of police, sheriff, or equivalent for law enforcement executives, and mayor, city manager, or equivalent for government executives). Listing individuals without financial and programmatic authority for the grant could delay the review of your application, or remove your application from consideration.

Law Enforcement Executive's Name:Title: Chief/Commander Agency Name: Camarillo Police DepartmentAddress: 3701 E. Las Posas Road

City: Camarillo State: CA Zip Code: 93010Telephone: (805)388-5100 Fax: (805)388-5110Email: dave.tennessen@mail.co.ventura.ca.us

Type of Police Agency:

- | | | |
|---|---|------------------------------------|
| <input checked="" type="checkbox"/> Municipal | <input type="checkbox"/> State | <input type="checkbox"/> County PD |
| <input type="checkbox"/> Sheriff* | <input type="checkbox"/> Tribal | |
| <input type="checkbox"/> School* | <input type="checkbox"/> University/College* (<input type="checkbox"/> Public or <input type="checkbox"/> Private) | |
| <input type="checkbox"/> Public Housing* | <input type="checkbox"/> New Start-Up* (please specify): _____ | |
| <input type="checkbox"/> Other* (please specify): _____ | | |

* Agency types with an asterisk next to them must complete the additional appropriate questionnaire found in this Application Forms, and submit it along with the application.

Government Executive's Name: Jerry BankstonTitle: City Manager

Name of Government Entity: City of Camarillo

Address: 601 Carmen Drive

City: Camarillo State: CA Zip Code: 93010Telephone: (805)388-5306 Fax: (805)388-5318Email: jbankston@ci.camarillo.ca.us

Application Form

Type of Government Entity:

- ☐ State ☒ City ☐ Town ☐ County
☐ Borough ☐ Township ☐ Territory ☐ Region
☐ Community ☐ Pueblo ☐ Nation ☐ School District
☐ Village ☐ Council
☐ Other (please specify): _____

Contact Information:

Name of contact person in your agency familiar with this grant application:

Stephen DeCesariTitle: CaptainTelephone: (805)388-5104 Fax: (805)388-5110Email: steve.decesari@mail.co.ventura.ca.us**III. Partner Information**

Under the COPS in Schools grant program, applicants must enter into a partnership agreement with an official for a specific school or school district with general educational oversight authority within that jurisdiction. **Please note, you must designate one school official as the school representative under the grant program.**** In the space below, please provide the information for the individual who will be responsible for ensuring that the appropriate school official attends the mandatory COPS in Schools Training. If the proposed project affects an entire school district, then the official with general educational oversight over the entire school district should complete the information below. In addition, this individual will be required to sign the attached *COPS in Schools Training Requirement*.

Name of Partner Agency or School District: Oxnard Union High School DistrictSchool Official Name: Judy Warner Title: Assistant SuperintendentAddress: 309 K. StreetCity: Oxnard State: CA Zip Code: 93030Telephone: (805)385-2521 Fax: (805)483-3069Email: jwarner@ouhsd.k12.ca.us

***If there are multiple partners involved in this project, please provide the information listed above for each of the partners on the attached "Additional Partner Page" included with this application. However, the legal applicant must decide on one school official to be designated for the purpose of this grant. At the present time, only one school official per grant award will be permitted to attend the CIS Training due to logistical constraints.*

COPS in Schools Application Forms

At the time an application is submitted, agencies must include two separate typed documents prepared in cooperation with the partner school(s), or school district(s), involved in the program.

The first document is the Narrative Addendum that outlines the proposed project. For additional information on this requirement, please refer to page 33 of this Application Form.

The second document is the Memorandum of Understanding (MOU) form that details the roles and responsibilities of the partners involved in this project. For additional information on this requirement, please refer to page 35 of this Application Form.

In addition, the Retention Certification Form outlines your agency's plan to retain all additional officer positions awarded for at least one full local budget cycle following the expiration of COPS grant funding for each COPS-funded officer position must also be submitted. The law enforcement executive and government executive that are listed on page 4 of this Application Form must sign this form.

COPS in Schools Additional Training Condition

****Signatures required****

Please have the Law Enforcement Executive and one designated School Representative sign the attached COPS in Schools Training Requirement on page 9.

All agencies receiving awards through the COPS in Schools program are required to send the officer(s) deployed into the school resource officer position(s) as a result of this grant, and one individual designated as the school representative under the grant program, to one COPS in Schools Training. The COPS Office will reimburse grantees for training, per diem, travel, and lodging costs for attendance of the required participants up to a maximum of \$1,200 per person attending. Agencies that receive a COPS in Schools grant will receive additional training information following notification of the grant award. The training requirement must be completed prior to the end of the 36-months of grant funding for officer positions.

IV. Department Information:

Population served (2000 U.S. Census):* 57,077

If the population that your agency serves is not represented by U.S. Census figures (e.g., school district police departments), please indicate the size of the population served here: _____

Square miles covered by your agency:* 19.29

* Exclude the population and square miles primarily served by other law enforcement agencies within your jurisdiction. For example, a sheriff's department must exclude populations and areas covered by a city police department for which the sheriff's department does not have primary law enforcement authority.

Application Form

Current budgeted locally funded sworn force strength as of the date of this application:

Full-time officers: 48 Part-time officers: 0

The budgeted locally funded sworn force strength is the number of sworn officers your department has funded in its budget, including state and locally funded vacancies. Do not include unpaid/reserve officers, COPS-funded positions (unless they are in the locally-funded retention period), or detention staff.

Current actual locally funded sworn force strength as of the date of this application:

Full-time officers: 48 Part-time officers: 0

The actual locally funded sworn force strength is the actual number of sworn officers employed by your department as of the date of this application. Do not include vacant state or locally-funded positions, COPS-funded positions (unless they are in the locally-funded retention period), or unpaid/reserve positions.

V. Officer Request Information:

What is the total number of new officer position(s) for which you are now requesting under this COPS in Schools application?

Full-time: 1 Part-time: 0

Your request should be consistent with your agency's law enforcement needs. Do not request more positions than your agency can support and retain.

*Total amount of federal funds requested for all full-time and part-time officer positions: \$ 125,000

*Total amount of non-federal matching funds required (local share, if required):

\$ 108,528

** To answer these questions, complete the COPS in Schools 2003 Budget Information Worksheets provided in these Application Forms. The maximum amount of funding available per officer position is \$125,000 (pages 19-31). The difference between \$125,000 and the agency's total cost per officer position is the agency's local match. Please note the attached budget worksheets are to be completed for one officer; as a result, please remember to multiply by the total number of officers requested.*

COPS in Schools Application Forms

I understand that prior to any grant award, the applicant must comply with all application and program requirements of the Public Safety Partnership and Community Policing Act of 1994 and other requirements of federal law. In addition, my signature certifies that this application requests funding only for positions that would not be otherwise funded in my agency's budget with state, local or Bureau of Indian Affairs funds.

By signing below, I certify that the information provided on this form and the attached forms is true and accurate to the best of my knowledge. I understand that false statements or claims made in connection with COPS grants may result in fines, imprisonment, debarment from participating in federal grants or contracts, and/or any other remedy available by law to the Federal government.

Law Enforcement Executive's Signature:

David T. Jensen
(Signature of person named in Section II of this form)

Date: 6-12-03**Government Executive's Signature:**

Janey Bonk
(Signature of person named in Section II of this form)

Date: 6-12-02**School Official's Signature:**

(Signature of person named under Section III "Partner Information" as the designated School Representative for this grant program and the required training.)

Date: _____

Please return one original and two copies of all application materials. Please be sure to include all forms as outlined in the CIS 2003 Application Checklist and any additional information necessary to complete this request for grant funding. Completed application forms should be mailed to:

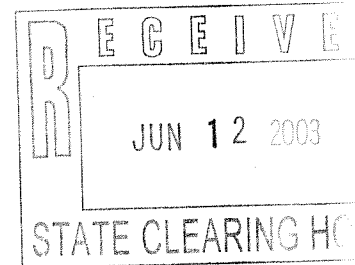
COPS in Schools Control Desk
U.S. Department of Justice, COPS Office
1100 Vermont Avenue, N.W.
7th floor
Washington, D.C. 20530 (please use 20005 zip code for overnight mail)

Note: Original signatures are required on the original application to process all funding requests. Faxed copies will NOT be accepted. Applications postmarked after the final application deadline date will not be considered.

Please be advised that a hold may be placed on this application if it is deemed that the applicant agency is not in compliance with federal civil rights laws and/or is not cooperating with an ongoing federal civil rights investigation.

OMB Approval Number: 1103-0027

Please ensure all questions are answered completely, and typed in the spaces below. All documents submitted with the original copy of the application must have original signatures. Stamped or electronic signatures will not be accepted. Previous editions of this application may not be used (4/16/03). Incomplete application or missing documentation may result in the delay of processing and/or result in denial of your application.



I. General Information

Applicant Organization's Legal Name: City of Ontario

Applicant Agency ORI Number: CA 03607

The ORI number is assigned to your agency by the FBI for purposes of UCR crime reporting. It begins with your two letter state abbreviation followed by five digits. For further clarification, please refer to the Glossary of Common Grant Terms section of the Application Instructions, page 20.

Applicant Agency EIN Number: 956000755

The EIN number is assigned to your agency by the Internal Revenue Service (IRS) and consists of nine digits. However, if the Office of Justice Programs has assigned your department an EIN number, please use that assigned number. Otherwise, your IRS EIN number should be used. For further clarification, please refer to the Glossary of Common Grant Terms section of the Application Instructions, page 19.

Federal Congressional District Number(s): 43rd

Do not substitute state or local congressional districts. If your agency spans more than one congressional district, please list all of the districts above.

Are you contracting for law enforcement services? ☐ Yes ☒ No

If "yes," the government body should be named in the Applicant Organization's Legal Name space above. For further clarification in determining if this applies to your agency, please refer to the Glossary of Common Grant Terms section of the Application Instructions, page 19.

In the space below, please provide a brief description of your agency's inability to implement this project without federal assistance.

California is currently experiencing a budget
deficit of over \$34 billion. The City of Ontario
has estimated its impact between \$2.6 and \$3.3
million annually. Ontario's recent acquisition of
13 square miles of agricultural land, currently
being developed for residential use, creates a
unique situation in providing the required level of
service for this area. The imminent population
growth, coupled with the anticipated budgetary
reductions, indicates an inability to fund new
sworn positions at this time.

II. Executive Information

The law enforcement and government executives that appear in this section must be those individuals who will have ultimate financial and programmatic authority for this grant. Typically, these are the highest-ranking officials within a jurisdiction (chief of police, sheriff, or equivalent for law enforcement executives, and mayor, city manager, or equivalent for government executives). Listing individuals without financial and programmatic authority for the grant could delay the review of your application, or remove your application from consideration.

Law Enforcement Executive's Name: Lloyd Scharf
Title: Chief of Police Agency Name: Ontario Police Department
Address: 200 North Cherry Avenue

City: Ontario State: CA Zip Code: 91764
Telephone: 909-395-2090 Fax: 909-395-2709
Email: lscharf@ontariopolice.org

Type of Police Agency:

- ☒ Municipal ☐ State ☐ County PD
☐ Sheriff* ☐ Tribal
☐ School* ☐ University/College* (☐ Public or ☐ Private)
☐ Public Housing* ☐ New Start-Up* (please specify): _____
☐ Other* (please specify): _____

* Agency types with an asterisk next to them must complete the additional appropriate questionnaire found in this Application Forms, and submit it along with the application.

Government Executive's Name: Gregory Devereaux
Title: City Manager
Name of Government Entity: City of Ontario
Address: 303 East B Street

City: Ontario State: CA Zip Code: 91764
Telephone: 909-395-2380 Fax: 909-395-2189
Email: gdevereaux@ci.ontario.ca.us

Type of Government Entity:

- ☐ State ☒ City ☐ Town ☐ County
☐ Borough ☐ Township ☐ Territory ☐ Region
☐ Community ☐ Pueblo ☐ Nation ☐ School District
☐ Village ☐ Council
☐ Other (please specify): _____

Contact Information:

Name of contact person in your agency familiar with this grant application:

Stacy OsborneTitle: Police Grants CoordinatorTelephone: 909-395-2092 Fax: 909-395-2899Email: sosborne@ontariopolice.org**III. Partner Information**

Under the COPS in Schools grant program, applicants must enter into a partnership agreement with an official for a specific school or school district with general educational oversight authority within that jurisdiction. **Please note, you must designate one school official as the school representative under the grant program.**** In the space below, please provide the information for the individual who will be responsible for ensuring that the appropriate school official attends the mandatory COPS in Schools Training. If the proposed project affects an entire school district, then the official with general educational oversight over the entire school district should complete the information below. In addition, this individual will be required to sign the attached *COPS in Schools Training Requirement*.

Name of Partner Agency or School District: Chaffey Joint Union High School DistrictSchool Official Name: Barry Cadwallader Title: SuperintendentAddress: 211 West 5th StreetCity: Ontario State: CA Zip Code: 91762Telephone: 909-988-8511 Fax: 909-467-5177Email: Barry_Cadwallader@cjuhsd.k12.ca.us

***If there are multiple partners involved in this project, please provide the information listed above for each of the partners on the attached "Additional Partner Page" included with this application. However, the legal applicant must decide on one school official to be designated for the purpose of this grant. At the present time, only one school official per grant award will be permitted to attend the CIS Training due to logistical constraints.*

At the time an application is submitted, agencies must include two separate typed documents prepared in cooperation with the partner school(s), or school district(s), involved in the program.

The first document is the Narrative Addendum that outlines the proposed project. For additional information on this requirement, please refer to page 33 of this Application Form.

The second document is the Memorandum of Understanding (MOU) form that details the roles and responsibilities of the partners involved in this project. For additional information on this requirement, please refer to page 35 of this Application Form.

In addition, the Retention Certification Form outlines your agency's plan to retain all additional officer positions awarded for at least one full local budget cycle following the expiration of COPS grant funding for each COPS-funded officer position must also be submitted. The law enforcement executive and government executive that are listed on page 4 of this Application Form must sign this form.

COPS In Schools Additional Training Condition

****Signatures required****

Please have the Law Enforcement Executive and one designated School Representative sign the attached COPS in Schools Training Requirement on page 9.

All agencies receiving awards through the COPS in Schools program are required to send the officer(s) deployed into the school resource officer position(s) as a result of this grant, and one individual designated as the school representative under the grant program, to one COPS in Schools Training. The COPS Office will reimburse grantees for training, per diem, travel, and lodging costs for attendance of the required participants up to a maximum of \$1,200 per person attending. Agencies that receive a COPS in Schools grant will receive additional training information following notification of the grant award. The training requirement must be completed prior to the end of the 36-months of grant funding for officer positions.

IV. Department Information:

Population served (2000 U.S. Census):* 158,007

If the population that your agency serves is not represented by U.S. Census figures (e.g., school district police departments), please indicate the size of the population served here: _____

Square miles covered by your agency:* 50 square miles

* Exclude the population and square miles primarily served by other law enforcement agencies within your jurisdiction. For example, a sheriff's department must exclude populations and areas covered by a city police department for which the sheriff's department does not have primary law enforcement authority.

Current budgeted locally funded sworn force strength as of the date of this application:

Full-time officers: 222 Part-time officers: 0

The budgeted locally funded sworn force strength is the number of sworn officers your department has funded in its budget, including state and locally funded vacancies. Do not include unpaid/reserve officers, COPS-funded positions (unless they are in the locally-funded retention period), or detention staff.

Current actual locally funded sworn force strength as of the date of this application:

Full-time officers: 218 Part-time officers: 0

The actual locally funded sworn force strength is the actual number of sworn officers employed by your department as of the date of this application. Do not include vacant state or locally-funded positions, COPS-funded positions (unless they are in the locally-funded retention period), or unpaid/reserve positions.

V. Officer Request Information:

What is the total number of new officer position(s) for which you are now requesting under this COPS in Schools application?

Full-time: 1 Part-time: 0

Your request should be consistent with your agency's law enforcement needs. Do not request more positions than your agency can support and retain.

***Total** amount of federal funds requested for all full-time and part-time officer positions: \$ 125,000

***Total** amount of non-federal matching funds required (local share, if required):

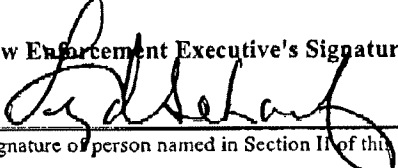
\$ 75,761

** To answer these questions, complete the COPS in Schools 2003 Budget Information Worksheets provided in these Application Forms. The maximum amount of funding available per officer position is \$125,000 (pages 19-31). The difference between \$125,000 and the agency's total cost per officer position is the agency's local match. Please note the attached budget worksheets are to be completed for one officer; as a result, please remember to multiply by the total number of officers requested.*

I understand that prior to any grant award, the applicant must comply with all application and program requirements of the Public Safety Partnership and Community Policing Act of 1994 and other requirements of federal law. In addition, my signature certifies that this application requests funding only for positions that would not be otherwise funded in my agency's budget with state, local or Bureau of Indian Affairs funds.

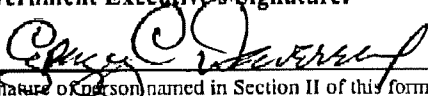
By signing below, I certify that the information provided on this form and the attached forms is true and accurate to the best of my knowledge. I understand that false statements or claims made in connection with COPS grants may result in fines, imprisonment, debarment from participating in federal grants or contracts, and/or any other remedy available by law to the Federal government.

Law Enforcement Executive's Signature:


(Signature of person named in Section II of this form)

Date: 6/12/03

Government Executive's Signature:


(Signature of person named in Section II of this form)

Date: 6/12/03

School Official's Signature:



Date: 6/12/03

(Signature of person named under Section III "Partner Information" as the designated School Representative for this grant program and the required training.)

Please return one original and two copies of all application materials. Please be sure to include all forms as outlined in the CIS 2003 Application Checklist and any additional information necessary to complete this request for grant funding. Completed application forms should be mailed to:

COPS in Schools Control Desk
U.S. Department of Justice, COPS Office
1100 Vermont Avenue, N.W.
7th floor
Washington, D.C. 20530 (please use 20005 zip code for overnight mail)

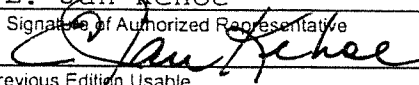
Note: Original signatures are required on the original application to process all funding requests. Faxed copies will NOT be accepted. Applications postmarked after the final application deadline date will not be considered.

Please be advised that a hold may be placed on this application if it is deemed that the applicant agency is not in compliance with federal civil rights laws and/or is not cooperating with an ongoing federal civil rights investigation.

OMB Approval Number: 1103-0027

APPLICATION FOR FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

		2. DATE SUBMITTED May 28, 2003	Applicant Identifier
1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction	3. DATE RECEIVED BY STATE		State Application Identifier
	4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier
5. APPLICANT INFORMATION			
Legal Name: Long Beach Community College District		Organizational Unit: Economic & Resource Development	
Address (give city, county, State, and zip code): 4901. E. Carson Street Long Beach, CA 90808		Name and telephone number of person to be contacted on matters involving this application (give area code) Ms. Sheneui Sloan, 562/938-5004	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 95-2654140		7. TYPE OF APPLICANT: (enter appropriate letter in box) <div style="display: flex; justify-content: space-between;"> <div> A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District </div> <div> H. Independent School Dist. I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify) _____ </div> </div>	
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) <div style="display: flex; justify-content: space-around;"> <div>A. Increase Award D. Decrease Duration</div> <div>B. Decrease Award Other(specify): _____</div> <div>C. Increase Duration</div> </div>		9. NAME OF FEDERAL AGENCY: Small Business Administration	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 59-037		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Small Business Development Center (Lead Center) Los Angeles District Office	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Los Angeles & Ventura Counties Santa Barbara			
13. PROPOSED PROJECT		14. CONGRESSIONAL DISTRICTS OF: 23, 24, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 36, 37, 53	
Start Date 1/1/04	Ending Date 12/31/04	a. Applicant Long Beach City College	
15. ESTIMATED FUNDING: \$5,841,245		b. Project Small Business Development Center	
a. Federal	\$ 2,743,972	16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE May 28, 03 b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
b. Applicant	\$ 1,048,646		
c. State	\$ 0		
d. Local	\$ 0		
e. Other	\$ 2,048,627		
f. Program Income	\$ 48,000		
g. TOTAL Includes f.	\$ 5,889,245	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No	
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Type Name of Authorized Representative E. Jan Kehoe		b. Title Superintendent-President	c. Telephone Number 562/938-4121
d. Signature of Authorized Representative 		e. Date Signed May 28, 2003	

Previous Edition Usable
Authorized for Local Reproduction

Standard Form 424 (Rev. 7-97)
Prescribed by OMB Circular A-102

APPLICATION FOR FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

1. TYPE OF SUBMISSION: Application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED		Applicant Identifier	
		3. DATE RECEIVED BY STATE		State Application Identifier	
		4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier	
5. APPLICANT INFORMATION					
Legal Name: Hartline International (Hartline Properties)			Organizational Unit:		
Address (give city, county, State, and zip code): 5609 Odea Drive, Sacramento, California 95824-1023			Name and telephone number of person to be contacted on matters involving this application (give area code) Georgia Miller (562) 9161421		
6. EMPLOYER IDENTIFICATION NUMBER (EIN): <div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px 0;"></div>			7. TYPE OF APPLICANT: (enter appropriate letter in box) <div style="float: right; border: 1px solid black; padding: 2px; margin-top: 10px;">M</div> <div style="clear: both;"></div> <div style="display: flex; justify-content: space-between; font-size: small;"> <div> A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District </div> <div> H. Independent School Dist. I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify) _____ </div> </div>		
8. TYPE OF APPLICATION: <div style="display: flex; justify-content: space-around; margin-top: 5px;"> <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision </div> If Revision, enter appropriate letter(s) in box(es) <div style="display: inline-block; width: 20px; height: 20px; border: 1px solid black; margin: 0 5px;"></div> <div style="display: inline-block; width: 20px; height: 20px; border: 1px solid black; margin: 0 5px;"></div> <div style="display: flex; justify-content: space-between; font-size: x-small; margin-top: 5px;"> <div>A. Increase Award D. Decrease Duration</div> <div>B. Decrease Award Other(specify):</div> <div>C. Increase Duration</div> </div>			9. NAME OF FEDERAL AGENCY: Department of Housing & Urban Development		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: <div style="text-align: center; margin-top: 10px;"> <div style="border: 1px solid black; display: inline-block; padding: 2px;">1</div> <div style="border: 1px solid black; display: inline-block; padding: 2px;">4</div> - <div style="border: 1px solid black; display: inline-block; padding: 2px;">1</div> <div style="border: 1px solid black; display: inline-block; padding: 2px;">3</div> <div style="border: 1px solid black; display: inline-block; padding: 2px;">5</div> </div> <div style="text-align: center; margin-top: 5px;"> TITLE: Mortgage Ins. Rental Hgs - Moderate Income Families </div>			11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Apartment complex - 9 3 bedrooms, 2-bath townhouses, on site parking spaces, to be located at 8040 and 8048 Augusta Way, Sacramento, California 95828.		
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Sacramento, Sacramento County, California					
13. PROPOSED PROJECT		14. CONGRESSIONAL DISTRICTS OF:			
Start Date 1/3/04	Ending Date 1/4/05	a. Applicant <div style="text-align: center;">5</div>		b. Project <div style="text-align: center;">5</div>	
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE <u>6-10-03</u> b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW			
a. Federal		\$ 750,000 ⁰⁰			
b. Applicant		\$ 153,231 ⁰⁰			
c. State		\$ ⁰⁰			
d. Local		\$ ⁰⁰			
e. Other		\$ ⁰⁰			
f. Program Income		\$ ⁰⁰			
g. TOTAL		\$ 903,231 ⁰⁰			
17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No					
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.					
a. Type Name of Authorized Representative John H. Hart, Sr.		b. Title General Manager		c. Telephone Number (919) 428-6916	
d. Signature of Authorized Representative <i>John H. Hart</i>				e. Date Signed <i>June 4, 2003</i>	

RECEIVED

JUN 12 2003

STATE CLEARING HOUSE

APPLICATION FOR FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction Preapplication <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		2. DATE SUBMITTED	Applicant Identifier
		3. DATE RECEIVED BY STATE	State Application Identifier
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier

5. APPLICANT INFORMATION	
Legal Name: <u>Plano School District</u>	Organizational Unit:
Address (give city, county, State, and zip code): <u>161 S. Main St. P.O. Box 234, Plano, TX 75075</u>	Name and telephone number of person to be contacted on matters involving this application (give area code): <u>JOSE BANDA (214) 382-0754 x112</u>
6. EMPLOYER IDENTIFICATION NUMBER (EIN): <u>77-0572126</u>	7. TYPE OF APPLICANT: (enter appropriate letter in box) A. State <input type="checkbox"/> B. County <input type="checkbox"/> C. Municipal <input type="checkbox"/> D. Township <input type="checkbox"/> E. Interstate <input type="checkbox"/> F. Intermunicipal <input type="checkbox"/> G. Special District <input type="checkbox"/> H. Independent School Dist. <input checked="" type="checkbox"/> I. State Controlled Institution of Higher Learning <input type="checkbox"/> J. Private University <input type="checkbox"/> K. Indian Tribe <input type="checkbox"/> L. Individual <input type="checkbox"/> M. Profit Organization <input type="checkbox"/> N. Other (Specify) _____
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) <input type="checkbox"/> <input type="checkbox"/> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other(specify): _____	9. NAME OF FEDERAL AGENCY: <u>USDA-Rural Development</u>
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: <u>10-746</u> TITLE:	11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: <u>School Equipment</u>
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): <u>Plano School District</u>	
13. PROPOSED PROJECT	14. CONGRESSIONAL DISTRICTS OF: <u>CA-102</u>
Start Date	Ending Date
a. Applicant <u>18</u>	b. Project <u>18</u>
15. ESTIMATED FUNDING:	
a. Federal	\$ <u>35,000.00</u>
b. Applicant	\$ <u>11,667.00</u>
c. State	\$ _____
d. Local	\$ _____
e. Other	\$ _____
f. Program Income	\$ _____
g. TOTAL	\$ <u>46,667.00</u>
16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE <u>6/11/03</u>	
b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?	
<input type="checkbox"/> Yes If "Yes," attach an explanation. <input type="checkbox"/> No	
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.	
a. Type Name of Authorized Representative <u>JOSE BANDA</u>	b. Title <u>Superintendent</u>
c. Telephone Number <u>(214) 382-0754</u>	d. Signature of Authorized Representative <u>[Signature]</u>
e. Date Signed <u>6-11-03</u>	

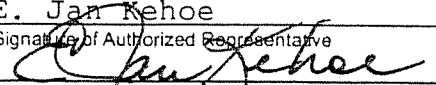
Previous Edition Usable
Authorized for Local Reproduction

Standard Form 424 (Rev. 7-97)
Prescribed by OMB Circular A-102

APPLICATION FOR FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED May 28, 2003	Applicant Identifier
		3. DATE RECEIVED BY STATE	State Application Identifier
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier

5. APPLICANT INFORMATION Legal Name: Long Beach Community College District		Organizational Unit: Economic & Resource Development														
Address (give city, county, State, and zip code): 4901. E. Carson Street Long Beach, CA 90808		Name and telephone number of person to be contacted on matters involving this application (give area code) Ms. Sheneui Sloan, 562/938-5004														
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 95-2654140		7. TYPE OF APPLICANT: (enter appropriate letter in box) <div style="display: flex; justify-content: space-between;"> <div> A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District </div> <div> H. Independent School Dist. I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify) _____ </div> </div>														
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) <input type="checkbox"/> <input type="checkbox"/> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other(specify): _____		9. NAME OF FEDERAL AGENCY: Small Business Administration														
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 59-037 TITLE: Small Business Development Cntr.		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Small Business Development Center (Lead Center) Los Angeles District Office														
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Los Angeles & Ventura Counties Santa Barbara																
13. PROPOSED PROJECT Start Date: 7/1/03 Ending Date: 12/31/03		14. CONGRESSIONAL DISTRICTS OF: 23, 24, 25, 27, 28, 29, 30, 31, 32, 33, 34, 35, 36, 37, 53														
15. ESTIMATED FUNDING: \$3,030,487		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE May 28, 03 b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW														
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>a. Federal</td> <td>\$ 1,372,060</td> </tr> <tr> <td>b. Applicant</td> <td>\$ 633,480</td> </tr> <tr> <td>c. State</td> <td>\$ 0</td> </tr> <tr> <td>d. Local</td> <td>\$ 0</td> </tr> <tr> <td>e. Other</td> <td>\$ 1,024,947</td> </tr> <tr> <td>f. Program Income</td> <td>\$ 22,800</td> </tr> <tr> <td>g. TOTAL Includes f.</td> <td>\$ 3,053,287</td> </tr> </table>		a. Federal	\$ 1,372,060	b. Applicant	\$ 633,480	c. State	\$ 0	d. Local	\$ 0	e. Other	\$ 1,024,947	f. Program Income	\$ 22,800	g. TOTAL Includes f.	\$ 3,053,287	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No
a. Federal	\$ 1,372,060															
b. Applicant	\$ 633,480															
c. State	\$ 0															
d. Local	\$ 0															
e. Other	\$ 1,024,947															
f. Program Income	\$ 22,800															
g. TOTAL Includes f.	\$ 3,053,287															
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.																
a. Type Name of Authorized Representative E. Jan Kehoe		b. Title Superintendent-President														
c. Telephone Number 562/938-4121		d. Signature of Authorized Representative 														
e. Date Signed May 28, 2003																

DOT

FTA

U.S. Department of
Transportation

Federal Transit Administration

Application for Federal Assistance

Recipient ID:	5566
Recipient Name:	LOS ANGELES COUNTY METROPOLITAN TRANSPORTATION AUTHORITY
Project ID:	CA-03-0539-03
Budget Number:	4 - Budget Pending Approval
Project Information:	Bus Acquisition - earmark

Part 1: Recipient Information

Project Number:	CA-03-0539-03
Recipient ID:	5566
Recipient Name:	LOS ANGELES COUNTY METROPOLITAN TRANSPORTATION AUTHORITY
Address:	ONE GATEWAY PLAZA , LOS ANGELES, CA 90012 2932
Telephone:	(213) 922-2459
Facsimile:	(213) 922-2476

RECEIVED

JUN 12 2003

STATE CLEARING HOUSE

Part 2: Project Information

Project Type:	Grant	Gross Project Cost:	\$5,937,252
Project Number:	CA-03-0539-03	Adjustment Amt:	\$0
Project Description:	Bus Acquisition - earmark	Total Eligible Cost:	\$5,937,252
Recipient Type:	Transit Authority	Total FTA Amt:	\$4,927,919
FTA Project Mgr:	Ray Tellis	Total State Amt:	\$0
Recipient Contact:	Gladys Lowe--email: Loweg@MTA.net	Total Local Amt:	\$1,009,333
New/Amendment:	Amendment	Other Federal Amt:	\$0
Amend Reason:	Increase Award	Special Cond Amt:	\$0
Fed Dom Asst. #:	20500	Special Condition:	None
Sec. of Statute:	5309	Specified	
State Appl. ID:	None Specified	S.C. Tgt. Date:	None
Start/End Date:	Apr. 04, 2003 - Jun. 30, 2006	Specified	
Recvd. By State:		S.C. Eff. Date:	None
EO 12372 Rev:	YES	Specified	
Review Date:	Jun. 30, 2003	Est. Oblig Date:	None
Planning Grant?:	NO	Specified	
Program Date (STIP/UPWP/FTA Prm Plan) :	Oct. 04, 2002	Pre-Award Authority?:	Yes
Program Page:	166	Fed. Debt Authority?:	No
		Final Budget?:	No

Application Type: Electronic

Supp. Agreement?: No

Debt. Delinq. Details:

Urbanized Areas

UZA ID	UZA Name
60020	LOS ANGELES--LONG BEACH--SANTA ANA, CA

Congressional Districts

State ID	District Code	District Official
6	24	Elton Gallegly
6	25	Howard P McKeon
6	26	David Dreier
6	27	Brad Sherman
6	28	Howard L Berman
6	29	Adam B Schiff
6	30	Henry A Waxman
6	31	Xavier Becerra
6	32	Hilda L Solis
6	33	Diane E Watson
6	34	Lucille Roybal-Allard
6	35	Maxine Waters
6	36	Jane Harman
6	37	Juanita Millender-McDon
6	38	Grace F Napolitano
6	39	Linda T Sanchez
6	41	Jerry Lewis

Project Details

AMENDMENT NO. 3

The Los Angeles County Metropolitan Transportation Authority (MTA), hereby submits a grant amendment application CA-03-0539-03 for \$4,927,919 of FY 03 Section 5309 bus capital funds from the Federal Transit Administration (FTA). The federal funds will be matched with \$1,009,333 in Lease Back Revenues. The total amount of this application is \$5,937,252. The federal funds of \$3,442,875 for MTA became available in the FY03 Congressional Earmarks of Section 5309 bus capital funds. The additional \$1,485,044 is part of Pasadena Metro Blue Line Construction Authority (PMBLCA)s' share of FY03 Section 5309 Congressional Earmarks, which was swapped with an equal amount of MTA's local funds. The funds will be used for routine replacement of equipment. The MTA plans to acquire 200 60-foot articulated, low-floor, CNG-powered, 60-passenger buses to replace 200 buses that had met or exceeded the useful life. The replaced buses will be disposed of in accordance with FTA disposition guidelines.

We have submitted a copy of this application to the State Office of Planning and Research for their review.

This project was included in the fiscal year 2002 Federal Transportation Improvement Program approved on October 4, 2002.

The Southern California Association of Governments has concurred that the projects met the public notification process and that the funds are programmed in the approved Federal Transit Improvement projects (FTIP).

The MTA received a Letter of No Prejudice from the FTA dated October 3, 2000, that allows the MTA to proceed with the bus purchase prior to grant award, thus retaining the project's eligibility for FTA grant funds.

The required FY 2003 FTA Assurances and Certifications were filed electronically in TEAM on December 18, 2002.

There are no pending Civil Rights issues affecting this grant application.

At the time of this application, the State of California was in the process of establishing new Congressional Districts based on the results of the 2000 Census. Through this process, the Los Angeles County is slated to gain an additional Congressional District, and all existing Districts will more than likely be re-numbered. Based on the proposed distribution, here are the Congressional Districts identified for the application: 25-31,33-35,37-39,46.

Should you have any questions regarding this grant application, please call Gladys Lowe at (213) 922-2459, via fax at 213-922-2476, or via email at LoweG@mta.net.

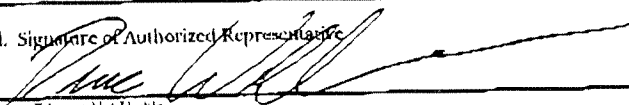
All DOL checklist requirements have been addressed.

APPLICATION FOR
FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED June 11, 2003	Applicant Identifier																												
5. APPLICANT INFORMATION Legal Name: City of Davis Address (give city, county, State, and zip code): 23 Russell Blvd Davis, CA 95621		3. DATE RECEIVED BY STATE	State Application Identifier																												
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 95-6000319		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier																												
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) <input type="checkbox"/> <input type="checkbox"/> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other(specify):		7. TYPE OF APPLICANT: (enter appropriate letter in box) <div style="display: flex; justify-content: space-between;"> <div> A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District </div> <div> H. Independent School Dist. I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify) </div> </div> <div style="text-align: right; border: 1px solid black; padding: 2px; width: 30px; float: right;">C</div>																													
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: Public Safety and TITLE: Community Policing Grants 16-710		9. NAME OF FEDERAL AGENCY: U. S. Department of Justice																													
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): City of Davis, Davis Joint Unified School District		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Hire a School Resource Police Officer to work in two Junior High Schools and the Senior High School in the Davis Joint Unified School District.																													
13. PROPOSED PROJECT Start Date: 7/1/03 Ending Date: 6/30/06	14. CONGRESSIONAL DISTRICTS OF: a. Applicant: District 1 California b. Project: District 1 of California																														
15. ESTIMATED FUNDING: <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%;">a. Federal</td> <td style="width:10%;">\$</td> <td style="width:50%;">125,000</td> <td style="width:10%;">00</td> </tr> <tr> <td>b. Applicant</td> <td>\$</td> <td></td> <td>00</td> </tr> <tr> <td>c. State</td> <td>\$</td> <td></td> <td>00</td> </tr> <tr> <td>d. Local</td> <td>\$</td> <td>123,302</td> <td>00</td> </tr> <tr> <td>e. Other</td> <td>\$</td> <td></td> <td>00</td> </tr> <tr> <td>f. Program Income</td> <td>\$</td> <td></td> <td>00</td> </tr> <tr> <td>g. TOTAL</td> <td>\$</td> <td>248,302</td> <td>00</td> </tr> </table>		a. Federal	\$	125,000	00	b. Applicant	\$		00	c. State	\$		00	d. Local	\$	123,302	00	e. Other	\$		00	f. Program Income	\$		00	g. TOTAL	\$	248,302	00	16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? <input checked="" type="checkbox"/> YES THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE _____ b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
a. Federal	\$	125,000	00																												
b. Applicant	\$		00																												
c. State	\$		00																												
d. Local	\$	123,302	00																												
e. Other	\$		00																												
f. Program Income	\$		00																												
g. TOTAL	\$	248,302	00																												
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.		17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No																													
a. Type Name of Authorized Representative Jim Annonen		b. Title City Manager																													
d. Signature of Authorized Representative		c. Telephone Number 530-757-5602 e. Date Signed 6/12/03																													

APPLICATION FOR
FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION		2. DATE SUBMITTED		Applicant Identifier	
Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		6/13/2003			
3. DATE RECEIVED BY STATE		State Application Identifier			
4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier			
5. APPLICANT INFORMATION					
Legal Name: Town of Apple Valley			Organizational Unit: Public Services		
Address (give city, county, state, and zip code): 14955 Dale Evans Parkway Apple Valley, CA 92307			Name and telephone number of the person to be contacted on matters involving this application (give area code): Gina M. Whiteside, Project Manager (760) 240-7000 Ext. 7060 Dennis Cron, Public Services Manager (760) 240-7000 Ext. 7610		
6. EMPLOYER IDENTIFICATION (EIN): 33 - 0338303			7. TYPE OF APPLICANT: (enter appropriate letter here) C A. State H. Independent School District B. County I. State Controlled Institution of Higher Learning C. Municipal J. Private University D. Township K. Indian Tribe E. Interstate L. Individual F. Intermunicipal M. Profit Organization G. Special District N. Other (Specify):		
8. TYPE OF APPLICATION: <input type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es): <input type="checkbox"/> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other Specify:			9. NAME OF FEDERAL AGENCY: Environmental Protection Agency		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 66-606 TITLE: Surveys, Studies, Investigations and Special Purpose Grants			11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Planning and design of a sewage treatment and water reclamation facility (STWR)		
12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.): Apple Valley					
13. PROPOSED PROJECT:		14. CONGRESSIONAL DISTRICT OF:			
Start Date 10/1/2002	End Date 1/31/2004	a. Applicant:		b. Project	
		40th		40th	
15. Estimated Funding:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?			
a. Federal	\$ 485,000.00	a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESSES FOR REVIEW ON: DATE 6/13/2003			
b. Applicant	\$ 1,404,000.00	b. NO. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372 <input checked="" type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW			
c. State	\$	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?			
d. Local	\$	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No			
e. Other	\$				
f. Program Income	\$				
g. TOTAL	\$ 1,890,000.00				
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.					
a. Typed Name of Authorized Representative: Bruce Williams		b. Title: Town Manager		c. Telephone Number (760) 240-7000 Ext. 7051	
d. Signature of Authorized Representative 				e. Date Signed June 13, 2003	

APPLICATION FOR FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED 6/13/03	Applicant Identifier R9 tracking # 03-256
3. DATE RECEIVED BY STATE		State Application Identifier	
4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier	

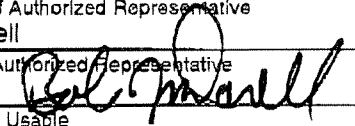
5. APPLICANT INFORMATION Legal Name: <u>RANDY L. BREAU LT</u> Address (give city, county, State, and zip code): <u>50 PARK PLACE</u> <u>BRISBANE, CA 94005</u> <u>SAN MATEO COUNTY</u>		Organizational Unit: <u>Department of Public Works</u> Name and telephone number of person to be contacted on matters involving this application (give area code): <u>Matthew Fabry (415) 500-2134</u>														
6. EMPLOYER IDENTIFICATION NUMBER (EIN): <u>94-1525367</u>		7. TYPE OF APPLICANT: (enter appropriate letter in box) <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input checked="" type="checkbox"/> A. State <input type="checkbox"/> B. County <input type="checkbox"/> C. Municipal <input type="checkbox"/> D. Township <input type="checkbox"/> E. Interstate <input type="checkbox"/> F. Intermunicipal <input type="checkbox"/> G. Special District </div> <div style="width: 45%;"> <input type="checkbox"/> H. Independent School Dist. <input type="checkbox"/> I. State Controlled Institution of Higher Learning <input type="checkbox"/> J. Private University <input type="checkbox"/> K. Indian Tribe <input type="checkbox"/> L. Individual <input type="checkbox"/> M. Profit Organization <input type="checkbox"/> N. Other (Specify) _____ </div> </div>														
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es): <div style="display: flex; justify-content: space-around;"> <input type="checkbox"/> A. Increase Award <input type="checkbox"/> B. Decrease Award <input type="checkbox"/> C. Increase Duration <input type="checkbox"/> D. Decrease Duration <input type="checkbox"/> Other (specify): _____ </div>		9. NAME OF FEDERAL AGENCY: <u>U.S. Environmental Protection Agency</u>														
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: <u>Surveys, Studies, Investigations and Special Purpose Grants</u> TITLE: <u>66-606</u>		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: <u>Replace and upsize eight (8) sections of hydraulically and structurally deficient sewer lines through pipe bursting technology, and rehabilitation of twenty-one (21) deteriorated manholes in-place.</u>														
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): <u>City of Brisbane</u>																
13. PROPOSED PROJECT Start Date: <u>10/1/03</u> Ending Date: <u>9/30/04</u>	14. CONGRESSIONAL DISTRICTS OF: a. Applicant <u>12</u> b. Project <u>12</u>															
15. ESTIMATED FUNDING: <table border="1" style="width:100%; border-collapse: collapse;"> <tr><td>a. Federal</td><td>\$ <u>433,700</u></td></tr> <tr><td>b. Applicant</td><td>\$ <u>580,312</u></td></tr> <tr><td>c. State</td><td>\$ _____</td></tr> <tr><td>d. Local</td><td>\$ _____</td></tr> <tr><td>e. Other</td><td>\$ _____</td></tr> <tr><td>f. Program Income</td><td>\$ _____</td></tr> <tr><td>g. TOTAL</td><td>\$ <u>1,014,012</u></td></tr> </table>		a. Federal	\$ <u>433,700</u>	b. Applicant	\$ <u>580,312</u>	c. State	\$ _____	d. Local	\$ _____	e. Other	\$ _____	f. Program Income	\$ _____	g. TOTAL	\$ <u>1,014,012</u>	16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE <u>6/13/03</u> b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
a. Federal	\$ <u>433,700</u>															
b. Applicant	\$ <u>580,312</u>															
c. State	\$ _____															
d. Local	\$ _____															
e. Other	\$ _____															
f. Program Income	\$ _____															
g. TOTAL	\$ <u>1,014,012</u>															
17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No																
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.																
a. Type Name of Authorized Representative <u>RANDY L. BREAU LT</u> d. Signature of Authorized Representative <u>[Signature]</u>	b. Title <u>Public Works Director</u>	c. Telephone Number <u>(415) 500-2131</u> e. Date Signed <u>6/12/03</u>														

Previous Edition Usable
Authorized for Local Reproduction

Standard Form 424 (Rev. 7-87)
Prescribed by OMB Circular A-102

APPLICATION FOR FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		2. DATE SUBMITTED June 12, 2003		Applicant Identifier CA03014	
Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE		State Application Identifier	
		4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier	
5. APPLICANT INFORMATION					
Legal Name: Newport Beach Police Department			Organizational Unit: City of Newport Beach		
Address (give city, county, State, and zip code): 870 Santa Barbara Drive Newport Beach, CA 92660			Name and telephone number of person to be contacted on matters involving this application (give area code): Capt. Paul Henisey, 949-644-3720		
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 95-6000751			7. TYPE OF APPLICANT: (enter appropriate letter in box) [C] A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District H. Independent School Dist. I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify) _____		
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es): A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other(specify): _____			9. NAME OF FEDERAL AGENCY: U.S. Department of Justice		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 16-710 TITLE: COPS - HSOP 2003 Grant			11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: COPS Homeland Security Overtime Program (HSOP) 2003 Grant		
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): City of Newport Beach					
13. PROPOSED PROJECT		14. CONGRESSIONAL DISTRICTS OF:			
Start Date 1/1/04	Ending Date 12/31/04	a. Applicant District 47		b. Project District 47	
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?			
a. Federal	\$ 99,650 ⁰⁰	a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE 06/12/03			
b. Applicant	\$ 33,217 ⁰⁰	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW			
c. State	\$ ⁰⁰	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No			
d. Local	\$ ⁰⁰				
e. Other	\$ ⁰⁰				
f. Program Income	\$ ⁰⁰				
g. TOTAL	\$ 132,867 ⁰⁰				
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.					
a. Type Name of Authorized Representative Bob McDonell		b. Title Chief of Police		c. Telephone Number (949) 644-3701	
d. Signature of Authorized Representative 				e. Date Signed 6-11-03	

Application for Federal Assistance

U.S. Department of Housing and Urban Development

OMB Approval No.2501-0017 (exp. 03/31/2005)

1. Type of Submission <input checked="" type="checkbox"/> Application <input type="checkbox"/> Preapplication		2. Date Submitted 06/13/2003	4. HUD Application Number
		3. Date and Time Received by HUD	5. Existing Grant Number
			6. Applicant Identification Number
7. Applicant's Legal Name Christian Church Homes		8. Organizational Unit Development	
9. Address (give city, county, State, and zip code) A. Address: 303 Hegenberger Road, Suite 201 B. City: Oakland C. County: Alameda D. State: CA E. Zip Code: 94621-1419		10. Name, title, telephone number, fax number, and e-mail of the person to be contacted on matters involving this application (including area codes) A. Name: B. Title: C. Phone: D. Fax: E. E-mail:	
11. Employer Identification Number (EIN) or SSN 94-6077407		12. Type of Applicant (enter appropriate letter in box) <input type="checkbox"/> N A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District H. Independent School District I. University or College J. Indian Tribe K. Tribally Designated Housing Entity (TDHE) L. Individual M. Profit Organization N. Non-profit O. Public Housing Authority P. Other (Specify)	
13. Type of Application <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Renewal <input type="checkbox"/> Revision If Revision, enter appropriate letters in box(es) <input type="checkbox"/> <input type="checkbox"/> A. Increase Amount B. Decrease Amount C. Increase Duration D. Decrease Duration E. Other (Specify)		14. Name of Federal Agency U.S. Department of Housing and Urban Development	
15. Catalog of Federal Domestic Assistance (CFDA) Number 14 --- 157 Title: Sect. 202 Supportive Housing for the Elderly Cap. Adv. Component Title:		16. Descriptive Title of Applicant's Program Forest Manor Housing Project Rental Housing for Very Low-Income Elderly	
17. Areas affected by Program (boroughs, cities, counties, States, Indian Reservation, etc.) The City of Chico Butte County			
18a. Proposed Program start date	18b. Proposed Program end date	19a. Congressional Districts of Applicant 9th	19b. Congressional Districts of Program
20. Estimated Funding: Applicant must complete the Funding Matrix on Page 2.			
21. Is Application subject to review by State Executive Order 12372 Process? A. Yes <input checked="" type="checkbox"/> This preapplication/application was made available to the State Executive Order 12372 Process for review on: Date _____ B. No <input type="checkbox"/> Program is not covered by E.O. 12372 <input type="checkbox"/> Program has not been selected by State for review.			
22. Is the Applicant delinquent on any Federal debt? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If "Yes," explain below or attach an explanation.			

Funding Matrix

The applicant must provide the funding matrix shown below, listing each program for which HUD funding is being requested, and complete the certifications.

Grant Program*	HUD Share	Applicant Match	Other HUD Funds	Other Federal Share	State Share	Local/Tribal Share	Other	Program Income	Total
									0.00
									0.00
									0.00
									0.00
									0.00
Grand Totals	0.00	0.00	0.00	0.00	0.00		0.00	0.00	0.00

* For FHIPs, show both initiative and component

* Section 202 Program requires sponsor to make minimum capital contribution of \$10,000.00 to new 501(c)3 ownership entity.

** \$208,250 Annual Project Rental Assistance payments subject to annual Congressional appropriations.

*** From San Francisco Redevelopment Agency

Certifications

I certify, to the best of my knowledge and belief, that no Federal appropriated funds have been paid, or will be paid, by or on behalf of the applicant, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress, in connection with the awarding of this Federal grant or its extension, renewal, amendment or modification. If funds other than Federal appropriated funds have or will be paid for influencing or attempting to influence the persons listed above, I shall complete and submit Standard Form-LLL, Disclosure Form to Report Lobbying. I certify that I shall require all sub awards at all tiers (including sub-grants and contracts) to similarly certify and disclose accordingly.

Federally recognized Indian Tribes and tribally designated housing entities (TDHEs) established by Federally-recognized Indian tribes as a result of the exercise of the tribe's sovereign power are excluded from coverage of the Byrd Amendment, but State-recognized Indian tribes and TDHEs established under State law are not excluded from the statute's coverage.

This application incorporates the Assurances and Certifications (HUD-424B) attached to this application or renews and incorporates for the funding you are seeking the Assurances and Certifications currently on file with HUD. To the best of my knowledge and belief, all information in this application is true and correct and constitutes material representation of fact upon which HUD may rely in awarding the agreement.

23. Signature of Authorized Official



Name (printed)

Don McCreary

Title

President and CEO

Date (mm/dd/yyyy)

05/27/2003

Application for Federal Assistance

U.S. Department of Housing
and Urban Development

OMB Approval No.2501-0017 (exp. 03/31/2005)

1. Type of Submission

☒

Application

☐

Preapplication

2. Date Submitted

4. HUD Application Number

3. Date and Time Received by HUD

5. Existing Grant Number

6. Applicant Identification Number

7. Applicant's Legal Name

Catholic Charities of Sacramento, Inc

8. Organizational Unit

Private, non-profit

9. Address (give city, county, State, and zip code)

A. Address: 1020 Market Street

B. City: Redding

C. County: Shasta

D. State: California

E. Zip Code: 96001

10. Name, title, telephone number, fax number, and e-mail of the person to be contacted on matters involving this application (including area codes)

A. Name: Jan Maurer Watkins

B. Title: Member Agency Executive Director

C. Phone: (530) 247-3349

D. Fax: (530) 247-3354

E. E-mail: janwnvcss@snowcrest.net

11. Employer Identification Number (EIN) or SSN

94-2576612

12. Type of Applicant (enter appropriate letter in box)

N

A. State

I. University or College

B. County

J. Indian Tribe

C. Municipal

K. Tribally Designated Housing Entity (TDHE)

D. Township

L. Individual

E. Interstate

M. Profit Organization

F. Intermunicipal

N. Non-profit

G. Special District

O. Public Housing Authority

H. Independent School District

P. Other (Specify)

13. Type of Application

☒

New

☐

Continuation

☐

Renewal

☐

Revision

If Revision, enter appropriate letters in box(es)

☐
☐

A. Increase Amount B. Decrease Amount C. Increase Duration

D. Decrease Duration E. Other (Specify)

14. Name of Federal Agency

U.S. Department of Housing and Urban Development

15. Catalog of Federal Domestic Assistance (CFDA) Number

14 --- 157

Title: Section 202 Supportive Housing for the Elderly

Component Title:

16. Descriptive Title of Applicant's Program

The project will provide housing for the elderly who can live in independent living situations.

17. Areas affected by Program (boroughs, cities, counties, States, Indian Reservation, etc.) Chico, Butte County

18a. Proposed Program start date
2/1/04

18b. Proposed Program end date
10/1/04

19a. Congressional Districts of Applicant
California 2nd

19b. Congressional Districts of
Program California 2nd

20. Estimated Funding: **Applicant must complete the Funding Matrix on Page 2.**

21. Is Application subject to review by State Executive Order 12372 Process?

A. Yes

☐

This preapplication/application was made available to the State Executive Order 12372 Process for review on: Date _____

B. No

☒

Program is not covered by E.O. 12372

☐

Program has not been selected by State for review.

22. Is the Applicant delinquent on any Federal debt?

☒

No

☐

Yes If "Yes," explain below or attach an explanation.

Funding Matrix

The applicant must provide the funding matrix shown below, listing each program for which HUD funding is being requested, and complete the certifications.

Grant Program*	HUD Share	Applicant Match	Other HUD Funds	Other Federal Share	State Share	Local/Tribal Share	Other	Program Income	Total
	2,585,461.00					500,000.00			3,085,461.00
Grand Totals	2,585,461.00					500,000.00			3,085,461.00

* For FHIPs, show both initiative and component

Certifications

I certify, to the best of my knowledge and belief, that no Federal appropriated funds have been paid, or will be paid, by or on behalf of the applicant, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress, in connection with the awarding of this Federal grant or its extension, renewal, amendment or modification. If funds other than Federal appropriated funds have or will be paid for influencing or attempting to influence the persons listed above, I shall complete and submit Standard Form-LLL, Disclosure Form to Report Lobbying. I certify that I shall require all sub awards at all tiers (including sub-grants and contracts) to similarly certify and disclose accordingly.

Federally recognized Indian Tribes and tribally designated housing entities (TDHEs) established by Federally-recognized Indian tribes as a result of the exercise of the tribe's sovereign power are excluded from coverage of the Byrd Amendment, but State-recognized Indian tribes and TDHEs established under State law are not excluded from the statute's coverage.

This application incorporates the Assurances and Certifications (HUD-424B) attached to this application or renews and incorporates for the funding you are seeking the Assurances and Certifications currently on file with HUD. To the best of my knowledge and belief, all information in this application is true and correct and constitutes material representation of fact upon which HUD may rely in awarding the agreement.

23. Signature of Authorized Official 	Name (printed) Jan Maurer Watkins
Title Member Agency Executive Director	Date (mm/dd/yyyy)

APPLICATION FOR FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

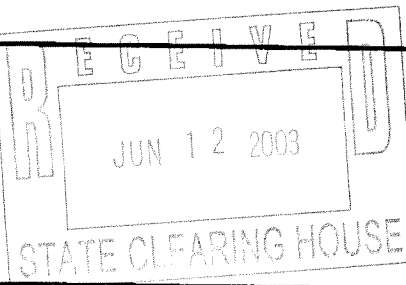
1. TYPE OF SUBMISSION: <input type="checkbox"/> Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		2. DATE SUBMITTED June 10, 2003		Applicant Identifier R9 Tracking #03-342	
<input type="checkbox"/> Proapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE		State Application Identifier	
		4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier	
5. APPLICANT INFORMATION					
Legal Name: City of Whittier, CA			Organizational Unit: Department of Public Works		
Address (give city, county, State, and zip code): City of Whittier 13230 Penn Street Whittier, CA 90802 (County of Los Angeles)			Name and telephone number of person to be contacted on matters involving this application (give area code): David Mochizuki, Director of Public Works (562) 945-8200		
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 95-6000812			7. TYPE OF APPLICANT: (enter appropriate letter in box) [C] A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District H. Independent School Dist. I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify) _____		
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision (If Revision, enter appropriate letter(s) in box(es)) A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other(specify): _____			9. NAME OF FEDERAL AGENCY: U.S. Environmental Protection Agency		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 66-606 TITLE: SSI & SP			11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Sewer Pipeline Replacement - 6 Pipeline Projects		
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): City of Whittier, CA (Los Angeles County)					
13. PROPOSED PROJECT		14. CONGRESSIONAL DISTRICTS OF:			
Start Date 6/1/03	Ending Date 10/1/06	a. Applicant 42nd Miller; 39th Sanchez; 38th Napolitano		b. Project CA 39th Congressional District	
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?			
a. Federal	\$ 433,700	a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE June 10, 2003			
b. Applicant	\$ 354,845	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW			
c. State	\$				
d. Local	\$				
e. Other	\$				
f. Program Income	\$				
g. TOTAL	\$ 788,545	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No			
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.					
a. Type Name of Authorized Representative Stephen W. Helvey		b. Title City Manager		c. Telephone Number (562) 464-3301	
d. Signature of Authorized Representative				e. Date Signed 6-11-03	

Application for Federal Assistance

U.S. Department of Housing
and Urban Development

OMB Approval No.2501-0017 (exp. 03/31/2005)

1. Type of Submission <input checked="" type="checkbox"/> Application <input type="checkbox"/> Preapplication		2. Date Submitted 06/13/2003		4. HUD Application Number	
		3. Date and Time Received by HUD		5. Existing Grant Number	
				6. Applicant Identification Number	
7. Applicant's Legal Name Satellite Housing, Inc.			8. Organizational Unit Housing Development		
9. Address (give city, county, State, and zip code) A. Address: 2526 Martin Luther King Jr. Way B. City: Berkeley C. County: Alameda D. State: California E. Zip Code: 94538			10. Name, title, telephone number, fax number, and e-mail of the person to be contacted on matters involving this application (including area codes) A. Name: Dori Kojima B. Title: Housing Development Specialist C. Phone: 510-647-0700 Ext 114 D. Fax: 510-647-0820 E. E-mail: dkojima@sathomes.org		
11. Employer Identification Number (EIN) or SSN 94-3031375			12. Type of Applicant (enter appropriate letter in box) N A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District H. Independent School District I. University or College J. Indian Tribe K. Tribally Designated Housing Entity (TDHE) L. Individual M. Profit Organization N. Non-profit O. Public Housing Authority P. Other (Specify)		
13. Type of Application <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Renewal <input type="checkbox"/> Revision If Revision, enter appropriate letters in box(es) <input type="checkbox"/> <input type="checkbox"/> A. Increase Amount B. Decrease Amount C. Increase Duration D. Decrease Duration E. Other (Specify)			14. Name of Federal Agency U.S. Department of Housing and Urban Development		
15. Catalog of Federal Domestic Assistance (CFDA) Number Title: Section 811 Component Title: Supportive Housing for Persons with Disabilities 14 --- 181			16. Descriptive Title of Applicant's Program Lincoln Street Housing: 11 Units of Affordable, Accessible Housing for Persons with Disabilities		
17. Areas affected by Program (boroughs, cities, counties, States, Indian Reservation, etc.) City of Fremont County of Alameda		18a. Proposed Program start date 9/1/04		18b. Proposed Program end date 9/1/05	
19a. Congressional Districts of Applicant 9		19b. Congressional Districts of Program 13		20. Estimated Funding: Applicant must complete the Funding Matrix on Page 2.	
21. Is Application subject to review by State Executive Order 12372 Process? A. Yes <input checked="" type="checkbox"/> This preapplication/application was made available to the State Executive Order 12372 Process for review on: Date 6/11/03 B. No <input type="checkbox"/> Program is not covered by E.O. 12372 <input type="checkbox"/> Program has not been selected by State for review.					
22. Is the Applicant delinquent on any Federal debt? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If "Yes," explain below or attach an explanation.					



Funding Matrix

The applicant must provide the funding matrix shown below, listing each program for which HUD funding is being requested, and complete the certifications.

Grant Program*	HUD Share	Applicant Match	Other HUD Funds	Other Federal Share	State Share	Local/Tribal Share	Other	Program Income	Total
	1,369,277.00	6,846.39		440,000.00		860,000.00	55,000.00		2,731,123.39
	3,792,261.00	10,000.00		500,000.00		788,000.00	235,000.00		5,325,261.00
									0.00
									0.00
									0.00
Grand Totals	5,161,538.00	16,846.39	0.00	940,000.00	0.00	1,648,000.00	290,000.00	0.00	8,056,384.39

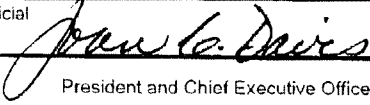
* For FHIPs, show both initiative and component

Certifications

I certify, to the best of my knowledge and belief, that no Federal appropriated funds have been paid, or will be paid, by or on behalf of the applicant, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress, in connection with the awarding of this Federal grant or its extension, renewal, amendment or modification. If funds other than Federal appropriated funds have or will be paid for influencing or attempting to influence the persons listed above, I shall complete and submit Standard Form-LLL, Disclosure Form to Report Lobbying. I certify that I shall require all sub awards at all tiers (including sub-grants and contracts) to similarly certify and disclose accordingly.

Federally recognized Indian Tribes and tribally designated housing entities (TDHEs) established by Federally-recognized Indian tribes as a result of the exercise of the tribe's sovereign power are excluded from coverage of the Byrd Amendment, but State-recognized Indian tribes and TDHEs established under State law are not excluded from the statute's coverage.

This application incorporates the Assurances and Certifications (HUD-424B) attached to this application or renews and incorporates for the funding you are seeking the Assurances and Certifications currently on file with HUD. To the best of my knowledge and belief, all information in this application is true and correct and constitutes material representation of fact upon which HUD may rely in awarding the agreement.

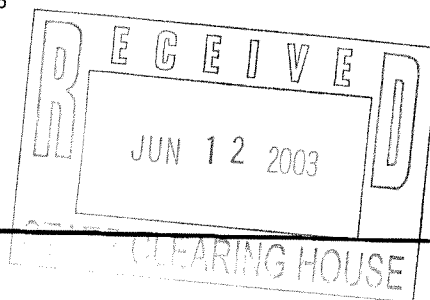
23. Signature of Authorized Official 	Name (printed) Joan C. Davis
Title President and Chief Executive Officer	Date (mm/dd/yyyy) 06/06/2003

Application for Federal Assistance

U.S. Department of Housing
and Urban Development

OMB Approval No.2501-0017 (exp. 03/31/2005)

1. Type of Submission <input checked="" type="checkbox"/> Application <input type="checkbox"/> Preapplication		2. Date Submitted 06/13/2003		4. HUD Application Number	
		3. Date and Time Received by HUD		5. Existing Grant Number	
				6. Applicant Identification Number	
7. Applicant's Legal Name Housing Consortium of the East Bay			8. Organizational Unit Housing Consortium of the East Bay		
9. Address (give city, county, State, and zip code) A. Address: 7677 Oakport Street, #300 B. City: Oakland C. County: Alameda D. State: California E. Zip Code: 94621			10. Name, title, telephone number, fax number, and e-mail of the person to be contacted on matters involving this application (including area codes) A. Name: Jamie Blackson Baker B. Title: Executive Director C. Phone: (510)383-1303 D. Fax: (510)633-5030 E. E-mail: j baker@hceb.org		
11. Employer Identification Number (EIN) or SSN 94-3298156			12. Type of Applicant (enter appropriate letter in box) A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District H. Independent School District I. University or College J. Indian Tribe K. Tribally Designated Housing Entity (TDHE) L. Individual M. Profit Organization N. Non-profit O. Public Housing Authority P. Other (Specify) N		
13. Type of Application <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Renewal <input type="checkbox"/> Revision If Revision, enter appropriate letters in box(es) <input type="checkbox"/> <input type="checkbox"/> A. Increase Amount B. Decrease Amount C. Increase Duration D. Decrease Duration E. Other (Specify)			14. Name of Federal Agency U.S. Department of Housing and Urban Development		
15. Catalog of Federal Domestic Assistance (CFDA) Number Title: HUD Section 811 Component Title: Supportive Housing for Persons With Disabilities 14 --- 181			16. Descriptive Title of Applicant's Program Lincoln Street Housing: New construction of 11 units of affordable, accessible housing for persons with developmental disabilities.		
17. Areas affected by Program (boroughs, cities, counties, States, Indian Reservation, etc.) City of Fremont, Alameda County					
18a. Proposed Program start date 9/1/04		18b. Proposed Program end date 9/1/05		19a. Congressional Districts of Applicant 9th	
				19b. Congressional Districts of Program 13th	
20. Estimated Funding: Applicant must complete the Funding Matrix on Page 2.					
21. Is Application subject to review by State Executive Order 12372 Process? A. Yes <input checked="" type="checkbox"/> This preapplication/application was made available to the State Executive Order 12372 Process for review on: Date 6/11/03 B. No <input type="checkbox"/> Program is not covered by E.O. 12372 <input type="checkbox"/> Program has not been selected by State for review.					
22. Is the Applicant delinquent on any Federal debt? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If "Yes," explain below or attach an explanation.					



Funding Matrix

The applicant must provide the funding matrix shown below, listing each program for which HUD funding is being requested, and complete the certifications.

Grant Program*	HUD Share	Applicant Match	Other HUD Funds	Other Federal Share	State Share	Local/Tribal Share	Other	Program Income	Total
	1,369,277.00	6,846.39		440,000.00		860,000.00	55,000.00		2,731,123.39
									0.00
									0.00
									0.00
									0.00
Grand Totals	1,369,277.00	6,846.39	0.00	440,000.00	0.00	860,000.00	55,000.00	0.00	2,731,123.39

* For FHIPs, show both initiative and component

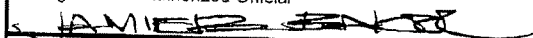
Certifications

I certify, to the best of my knowledge and belief, that no Federal appropriated funds have been paid, or will be paid, by or on behalf of the applicant, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress, in connection with the awarding of this Federal grant or its extension, renewal, amendment or modification. If funds other than Federal appropriated funds have or will be paid for influencing or attempting to influence the persons listed above, I shall complete and submit Standard Form-LLL, Disclosure Form to Report Lobbying. I certify that I shall require all sub awards at all tiers (including sub-grants and contracts) to similarly certify and disclose accordingly.

Federally recognized Indian Tribes and tribally designated housing entities (TDHEs) established by Federally-recognized Indian tribes as a result of the exercise of the tribe's sovereign power are excluded from coverage of the Byrd Amendment, but State-recognized Indian tribes and TDHEs established under State law are not excluded from the statute's coverage.

This application incorporates the Assurances and Certifications (HUD-424B) attached to this application or renews and incorporates for the funding you are seeking the Assurances and Certifications currently on file with HUD. To the best of my knowledge and belief, all information in this application is true and correct and constitutes material representation of fact upon which HUD may rely in awarding the agreement.

23. Signature of Authorized Official



Name (printed)

Jamie Blackson Baker

Title

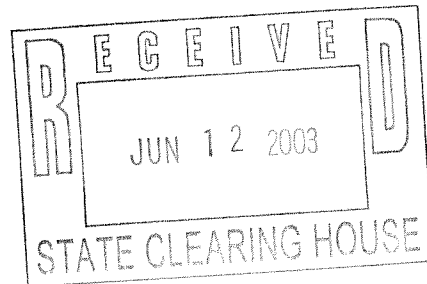
Executive Director

Date (mm/dd/yyyy)

06/06/2003

Application Form

Please ensure all questions are answered completely, and typed in the spaces below. All documents submitted with the original copy of the application must have original signatures. Stamped or electronic signatures will not be accepted. Previous editions of this application may not be used (4/16/03). **Incomplete application or missing documentation may result in the delay of processing and/or result in denial of your application.**

**I. General Information**

Applicant Organization's Legal Name: City of Livermore

Applicant Agency ORI Number: C A 0 0 1 0 7

The ORI number is assigned to your agency by the FBI for purposes of UCR crime reporting. It begins with your two letter state abbreviation followed by five digits. For further clarification, please refer to the Glossary of Common Grant Terms section of the Application Instructions, page 20.

Applicant Agency EIN Number: 9 4 0 0 0 3 5 9

The EIN number is assigned to your agency by the Internal Revenue Service (IRS) and consists of nine digits. However, if the Office of Justice Programs has assigned your department an EIN number, please use that assigned number. Otherwise, your IRS EIN number should be used. For further clarification, please refer to the Glossary of Common Grant Terms section of the Application Instructions, page 19.

Federal Congressional District Number(s): CA-10

Do not substitute state or local congressional districts. If your agency spans more than one congressional district, please list all of the districts above.

Are you contracting for law enforcement services? ☐ Yes ☒ No

If "yes," the government body should be named in the Applicant Organization's Legal Name space above. For further clarification in determining if this applies to your agency, please refer to the Glossary of Common Grant Terms section of the Application Instructions, page 19.

In the space below, please provide a brief description of your agency's inability to implement this project without federal assistance.

Without federal assistance,
additional School Resource Officer
will not be authorized by the City.

COPS in Schools Application Forms

II. Executive Information

The law enforcement and government executives that appear in this section must be those individuals who will have ultimate financial and programmatic authority for this grant. Typically, these are the highest-ranking officials within a jurisdiction (chief of police, sheriff, or equivalent for law enforcement executives, and mayor, city manager, or equivalent for government executives). Listing individuals without financial and programmatic authority for the grant could delay the review of your application, or remove your application from consideration.

Law Enforcement Executive's Name: Steve Krull
Title: Chief of Police **Agency Name:** Livermore Police Dept.
Address: 1110 So. Livermore Avenue
City: Livermore **State:** CA **Zip Code:** 94550
Telephone: 925/371-4710 **Fax:** 925/371-4724
Email: skrull@livermorepolice.org

Type of Police Agency:

- ☒ Municipal ☐ State ☐ County PD
☐ Sheriff* ☐ Tribal
☐ School* ☐ University/College* (☐ Public or ☐ Private)
☐ Public Housing* ☐ New Start-Up* (please specify):
☐ Other* (please specify):

** Agency types with an asterisk next to them must complete the additional appropriate questionnaire found in this Application Forms, and submit it along with the application.*

Government Executive's Name: Linda Barton
Title: City Manager
Name of Government Entity: City of Livermore
Address: 1052 So. Livermore Avenue
City: Livermore **State:** CA **Zip Code:** 94550
Telephone: 925/960-4040 **Fax:** 925/960-4051
Email: lmbarton@ci.livermore.ca.us

Application Form

Type of Government Entity:

- ☐ State ☒ City ☐ Town ☐ County
☐ Borough ☐ Township ☐ Territory ☐ Region
☐ Community ☐ Pueblo ☐ Nation ☐ School District
☐ Village ☐ Council
☐ Other (please specify): _____

Contact Information:

Name of contact person in your agency familiar with this grant application:

Mark D. WeissTitle: CaptainTelephone: 925/371-4717 Fax: 925/371-4707Email: mweiss@livermorepolice.org**III. Partner Information**

Under the COPS in Schools grant program, applicants must enter into a partnership agreement with an official for a specific school or school district with general educational oversight authority within that jurisdiction. **Please note, you must designate one school official as the school representative under the grant program.**** In the space below, please provide the information for the individual who will be responsible for ensuring that the appropriate school official attends the mandatory COPS in Schools Training. If the proposed project affects an entire school district, then the official with general educational oversight over the entire school district should complete the information below. In addition, this individual will be required to sign the attached *COPS in Schools Training Requirement*.

Name of Partner Agency or School District: Livermore Valley JUSDSchool Official Name: Brenda Miller Title: SuperintendentAddress: Livermore Valley Joint Unified School District
685 E. Jack London Blvd.City: Livermore State: CA Zip Code: 94551Telephone: (925) 606-3283 Fax: (925) 606-3329Email: bmiller@livermore.k12.ca.us

***If there are multiple partners involved in this project, please provide the information listed above for each of the partners on the attached "Additional Partner Page" included with this application. However, the legal applicant must decide on one school official to be designated for the purpose of this grant. At the present time, only one school official per grant award will be permitted to attend the CIS Training due to logistical constraints.*

COPS in Schools Application Forms

At the time an application is submitted, agencies must include two separate typed documents prepared in cooperation with the partner school(s), or school district(s), involved in the program.

The first document is the Narrative Addendum that outlines the proposed project. For additional information on this requirement, please refer to page 33 of this Application Form.

The second document is the Memorandum of Understanding (MOU) form that details the roles and responsibilities of the partners involved in this project. For additional information on this requirement, please refer to page 35 of this Application Form.

In addition, the Retention Certification Form outlines your agency's plan to retain all additional officer positions awarded for at least one full local budget cycle following the expiration of COPS grant funding for each COPS-funded officer position must also be submitted. The law enforcement executive and government executive that are listed on page 4 of this Application Form must sign this form.

COPS In Schools Additional Training Condition

****Signatures required****

Please have the Law Enforcement Executive and one designated School Representative sign the attached COPS in Schools Training Requirement on page 9.

All agencies receiving awards through the COPS in Schools program are required to send the officer(s) deployed into the school resource officer position(s) as a result of this grant, and one individual designated as the school representative under the grant program, to one COPS in Schools Training. The COPS Office will reimburse grantees for training, per diem, travel, and lodging costs for attendance of the required participants up to a maximum of \$1,200 per person attending. Agencies that receive a COPS in Schools grant will receive additional training information following notification of the grant award. The training requirement must be completed prior to the end of the 36-months of grant funding for officer positions.

IV. Department Information:

Population served (2000 U.S. Census):* 73,600

If the population that your agency serves is not represented by U.S. Census figures (e.g., school district police departments), please indicate the size of the population served here: _____

Square miles covered by your agency:* 22.5148

* Exclude the population and square miles primarily served by other law enforcement agencies within your jurisdiction. For example, a sheriff's department must exclude populations and areas covered by a city police department for which the sheriff's department does not have primary law enforcement authority.

APPLICATION FOR FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION:		2. DATE SUBMITTED June 11, 2003	Applicant Identifier CA-00107
Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE	State Application Identifier
Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
5. APPLICANT INFORMATION			
Legal Name: City of Livermore		Organizational Unit: Police Department	
Address (give city, county, State, and zip code): 1110 So. Livermore Avenue Livermore, CA 94550		Name and telephone number of person to be contacted on matters involving this application (give area code) Mark D. Weiss 925/371-4717	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-000359		7. TYPE OF APPLICANT: (enter appropriate letter in box) <input checked="" type="checkbox"/> C	
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) <input type="checkbox"/> <input type="checkbox"/> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other(specify):		A. State H. Independent School Dist. B. County I. State Controlled Institution of Higher Learning C. Municipal J. Private University D. Township K. Indian Tribe E. Interstate L. Individual F. Intermunicipal M. Profit Organization G. Special District N. Other (Specify)	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 16-710		9. NAME OF FEDERAL AGENCY: Department of Justice	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Livermore, City of		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: COPS in School 2003	
13. PROPOSED PROJECT		14. CONGRESSIONAL DISTRICTS OF: CA-10	
Start Date 10/1/03	Ending Date 9/30/06	a. Applicant City of Livermore	b. Project School Resource Officer
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$ 125,000	a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE 6/11/03	
b. Applicant	\$ 195,964	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
c. State	\$	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No	
d. Local	\$		
e. Other	\$		
f. Program Income	\$		
g. TOTAL	\$ 320,964 00		
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Type Name of Authorized Representative Steve Krull		b. Title Chief of Police	c. Telephone Number 925/371-4710
d. Signature of Authorized Representative <i>Steve Krull</i>		e. Date Signed 6/11/03	

Application for Federal Assistance

U.S. Department of Housing
and Urban Development

OMB Approval No. 2501-0017 (exp. 03/31/2005)

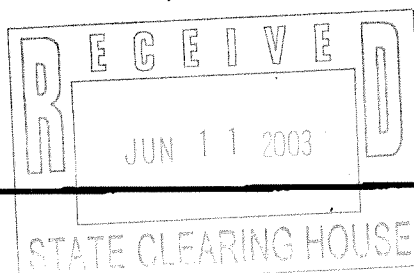
1. Type of Submission

☒ Application

☐ Preapplication

2. Date Submitted 06/11/2003	4. HUD Application Number
3. Date and Time Received by HUD	6. Existing Grant Number
	6. Applicant Identification Number

7. Applicant's Legal Name Self-Help for the Elderly	8. Organizational Unit Department of Social Services
9. Address (give city, county, State, and zip code) A. Address: 407 Sansome Street B. City: San Francisco C. County: San Francisco D. State: California E. Zip Code: 94111-3123	10. Name, title, telephone number, fax number, and e-mail of the person to be contacted on matters involving this application (including area codes) A. Name: Annl Chung B. Title: President & CEO C. Phone: (415) 982-9171 ext. 111 D. Fax: (415) 298-0313 E. E-mail: annl@pacbell.net
11. Employer Identification Number (EIN) or SSN 94-1750717	12. Type of Applicant (enter appropriate letter in box) N A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District H. Independent School District I. University or College J. Indian Tribe K. Tribally Designated Housing Entity (TDHE) L. Individual M. Profit Organization N. Non-profit O. Public Housing Authority P. Other (Specify)
13. Type of Application <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Renewal <input type="checkbox"/> Revision If Revision, enter appropriate letters in box(es) <input type="checkbox"/> <input type="checkbox"/> A. Increase Amount B. Decrease Amount C. Increase Duration D. Decrease Duration E. Other (Specify)	14. Name of Federal Agency U.S. Department of Housing and Urban Development
15. Catalog of Federal Domestic Assistance (CFDA) Number 14 --- 870 Title: Public Housing ROSS Component Title: ROSS for Resident Services Delivery Model-Elder	16. Descriptive Title of Applicant's Program Enhanced Living for Residents (ELR)—a ROSS project for elderly and disabled residents in Rosa Parks Apts, 666 Ellis and JFK Towers in the city and county of San Francisco in California.
17. Areas affected by Program (boroughs, cities, counties, States, Indian Reservation, etc.) City and County of San Francisco in the state of California	
18a. Proposed Program start date 12/1/03	18b. Proposed Program end date 11/30/06
19a. Congressional Districts of Applicant 12	19b. Congressional Districts of Program 12
20. Estimated Funding: Applicant must complete the Funding Matrix on Page 2.	
21. Is Application subject to review by State Executive Order 12372 Process? A. Yes <input checked="" type="checkbox"/> This preapplication/application was made available to the State Executive Order 12372 Process for review on: Date 8/11/03 B. No <input type="checkbox"/> Program is not covered by E.O. 12372 <input type="checkbox"/> Program has not been selected by State for review.	
22. Is the Applicant delinquent on any Federal debt? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If "Yes," explain below or attach an explanation.	



Funding Matrix

The applicant must provide the funding matrix shown below, listing each program for which HUD funding is being requested, and complete the certifications.

Grant Program*	HUD Share	Applicant Match	Other HUD Funds	Other Federal Share	State Share	Local/Tribal Share	Other	Program Income	Total
ROSB - RSDM	300,000.00	172,647.00							472,647.00
									0.00
									0.00
									0.00
									0.00
Grand Totals	300,000.00	172,647.00	0.00	0.00	0.00	0.00	0.00	0.00	472,647.00

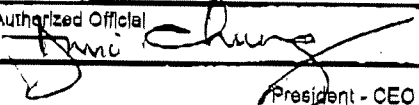
* For FHIPs, show both Initiative and component

Certifications

I certify, to the best of my knowledge and belief, that no Federal appropriated funds have been paid, or will be paid, by or on behalf of the applicant, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress, in connection with the awarding of this Federal grant or its extension, renewal, amendment or modification. If funds other than Federal appropriated funds have or will be paid for influencing or attempting to influence the persons listed above, I shall complete and submit Standard Form-LLL, Disclosure Form to Report Lobbying. I certify that I shall require all sub awards at all tiers (including sub-grants and contracts) to similarly certify and disclose accordingly.

Federally recognized Indian Tribes and tribally designated housing entities (TDHEs) established by Federally-recognized Indian tribes as a result of the exercise of the tribe's sovereign power are excluded from coverage of the Byrd Amendment, but State-recognized Indian tribes and TDHEs established under State law are not excluded from the statute's coverage.

This application incorporates the Assurances and Certifications (HUD-424B) attached to this application or renews and incorporates for the funding you are seeking the Assurances and Certifications currently on file with HUD. To the best of my knowledge and belief, all information in this application is true and correct and constitutes material representation of fact upon which HUD may rely in awarding the agreement.

23. Signature of Authorized Official 	Name (printed) Anni Chung
Title President - CEO	Date (mm/dd/yyyy) 06/11/2003

Application for Federal Assistance

U.S. Department of Housing
and Urban Development

OMB Approval No.2501-0017 (exp. 03/31/2005)

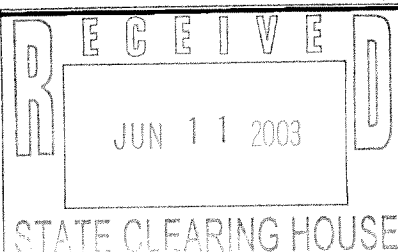
1. Type of Submission

☒ Application

☐ Preapplication

2. Date Submitted 06/13/2003	4. HUD Application Number
3. Date and Time Received by HUD	5. Existing Grant Number
	6. Applicant Identification Number

7. Applicant's Legal Name Housing Consortium of the East Bay		8. Organizational Unit Housing Consortium of the East Bay	
9. Address (give city, county, State, and zip code) A. Address: 7677 Oakport Street, #300 B. City: Oakland C. County: Alameda D. State: California E. Zip Code: 94621		10. Name, title, telephone number, fax number, and e-mail of the person to be contacted on matters involving this application (including area codes) A. Name: Jamie Blackson Baker B. Title: Executive Director C. Phone: (510)383-1303 D. Fax: (510)633-5030 E. E-mail: jlbaker@hceb.org	
11. Employer Identification Number (EIN) or SSN 94-3298156		12. Type of Applicant (enter appropriate letter in box) N A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District H. Independent School District I. University or College J. Indian Tribe K. Tribally Designated Housing Entity (TDHE) L. Individual M. Profit Organization N. Non-profit O. Public Housing Authority P. Other (Specify)	
13. Type of Application <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Renewal <input type="checkbox"/> Revision If Revision, enter appropriate letters in box(es) <input type="checkbox"/> <input type="checkbox"/> A. Increase Amount B. Decrease Amount C. Increase Duration D. Decrease Duration E. Other (Specify)		14. Name of Federal Agency U.S. Department of Housing and Urban Development	
15. Catalog of Federal Domestic Assistance (CFDA) Number 14 --- 181 Title: HUD Section 811 Component Title: Supportive Housing for Persons With Disabilities		16. Descriptive Title of Applicant's Program Lincoln Street Housing: New construction of 11 units of affordable, accessible housing for persons with developmental disabilities.	
17. Areas affected by Program (boroughs, cities, counties, States, Indian Reservation, etc.) City of Fremont, Alameda County			
18a. Proposed Program start date 9/1/04	18b. Proposed Program end date 9/1/05	19a. Congressional Districts of Applicant 9th	19b. Congressional Districts of Program 13th
20. Estimated Funding: Applicant must complete the Funding Matrix on Page 2.			
21. Is Application subject to review by State Executive Order 12372 Process? A. Yes <input checked="" type="checkbox"/> This preapplication/application was made available to the State Executive Order 12372 Process for review on: Date 6/11/03 B. No <input type="checkbox"/> Program is not covered by E.O. 12372 <input type="checkbox"/> Program has not been selected by State for review.			
22. Is the Applicant delinquent on any Federal debt? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If "Yes," explain below or attach an explanation.			



Funding Matrix

The applicant must provide the funding matrix shown below, listing each program for which HUD funding is being requested, and complete the certifications.

Grant Program*	HUD Share	Applicant Match	Other HUD Funds	Other Federal Share	State Share	Local/Tribal Share	Other	Program Income	Total
	1,369,277.00	6,846.39		440,000.00		860,000.00	55,000.00		2,731,123.39
									0.00
									0.00
									0.00
									0.00
Grand Totals	1,369,277.00	6,846.39	0.00	440,000.00	0.00	860,000.00	55,000.00	0.00	2,731,123.39

* For FHIPs, show both initiative and component

Certifications

I certify, to the best of my knowledge and belief, that no Federal appropriated funds have been paid, or will be paid, by or on behalf of the applicant, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress, in connection with the awarding of this Federal grant or its extension, renewal, amendment or modification. If funds other than Federal appropriated funds have or will be paid for influencing or attempting to influence the persons listed above, I shall complete and submit Standard Form-LLL, Disclosure Form to Report Lobbying. I certify that I shall require all sub awards at all tiers (including sub-grants and contracts) to similarly certify and disclose accordingly.

Federally recognized Indian Tribes and tribally designated housing entities (TDHEs) established by Federally-recognized Indian tribes as a result of the exercise of the tribe's sovereign power are excluded from coverage of the Byrd Amendment, but State-recognized Indian tribes and TDHEs established under State law are not excluded from the statute's coverage.

This application incorporates the Assurances and Certifications (HUD-424B) attached to this application or renews and incorporates for the funding you are seeking the Assurances and Certifications currently on file with HUD. To the best of my knowledge and belief, all information in this application is true and correct and constitutes material representation of fact upon which HUD may rely in awarding the agreement.

23. Signature of Authorized Official 		Name (printed) Jamie Blackson Baker	
Title Executive Director		Date (mm/dd/yyyy) 06/06/2003	

Application for Federal Assistance

U.S. Department of Housing and Urban Development

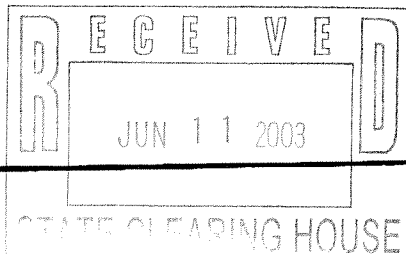
OMB Approval No.2501-0017 (exp. 03/31/2005)

1. Type of Submission

☒ Application☐ Preapplication

2. Date Submitted 06/13/2003	4. HUD Application Number
3. Date and Time Received by HUD	5. Existing Grant Number
	6. Applicant Identification Number

7. Applicant's Legal Name Satellite Housing, Inc.	8. Organizational Unit Housing Development
9. Address (give city, county, State, and zip code) A. Address: 2526 Martin Luther King Jr. Way B. City: Berkeley C. County: Alameda D. State: California E. Zip Code: 94538	10. Name, title, telephone number, fax number, and e-mail of the person to be contacted on matters involving this application (including area codes) A. Name: Dori Kojima B. Title: Housing Development Specialist C. Phone: 510-647-0700 Ext 114 D. Fax: 510-647-0820 E. E-mail: dkojima@sathomes.org
11. Employer Identification Number (EIN) or SSN 94-3031375	12. Type of Applicant (enter appropriate letter in box) A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District H. Independent School District I. University or College J. Indian Tribe K. Tribally Designated Housing Entity (TDHE) L. Individual M. Profit Organization N. Non-profit O. Public Housing Authority P. Other (Specify) N
13. Type of Application <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Renewal <input type="checkbox"/> Revision If Revision, enter appropriate letters in box(es) <input type="checkbox"/> <input type="checkbox"/> A. Increase Amount B. Decrease Amount C. Increase Duration D. Decrease Duration E. Other (Specify)	14. Name of Federal Agency U.S. Department of Housing and Urban Development
15. Catalog of Federal Domestic Assistance (CFDA) Number Title: Section 811 Component Title: Supportive Housing for Persons with Disabilities 14 -- 181	16. Descriptive Title of Applicant's Program Lincoln Street Housing: 11 Units of Affordable, Accessible Housing for Persons with Disabilities
17. Areas affected by Program (boroughs, cities, counties, States, Indian Reservation, etc.) City of Fremont County of Alameda	
18a. Proposed Program start date 9/1/04	18b. Proposed Program end date 9/1/05
19a. Congressional Districts of Applicant 9	19b. Congressional Districts of Program 13
20. Estimated Funding: Applicant must complete the Funding Matrix on Page 2.	
21. Is Application subject to review by State Executive Order 12372 Process? A. Yes <input checked="" type="checkbox"/> This preapplication/application was made available to the State Executive Order 12372 Process for review on: Date 6/11/03 B. No <input type="checkbox"/> Program is not covered by E.O. 12372 <input type="checkbox"/> Program has not been selected by State for review.	
22. Is the Applicant delinquent on any Federal debt? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If "Yes," explain below or attach an explanation.	



Funding Matrix

The applicant must provide the funding matrix shown below, listing each program for which HUD funding is being requested, and complete the certifications.

Grant Program*	HUD Share	Applicant Match	Other HUD Funds	Other Federal Share	State Share	Local/Tribal Share	Other	Program Income	Total
	1,369,277.00	6,846.39		440,000.00		860,000.00	55,000.00		2,731,123.39
	3,792,261.00	10,000.00		500,000.00		788,000.00	235,000.00		5,325,261.00
									0.00
									0.00
									0.00
Grand Totals	5,161,538.00	16,846.39	0.00	940,000.00	0.00	1,648,000.00	290,000.00	0.00	8,056,384.39

* For FHIPs, show both initiative and component

Certifications

I certify, to the best of my knowledge and belief, that no Federal appropriated funds have been paid, or will be paid, by or on behalf of the applicant, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress, in connection with the awarding of this Federal grant or its extension, renewal, amendment or modification. If funds other than Federal appropriated funds have or will be paid for influencing or attempting to influence the persons listed above, I shall complete and submit Standard Form-LLL, Disclosure Form to Report Lobbying. I certify that I shall require all sub awards at all tiers (including sub-grants and contracts) to similarly certify and disclose accordingly.

Federally recognized Indian Tribes and tribally designated housing entities (TDHEs) established by Federally-recognized Indian tribes as a result of the exercise of the tribe's sovereign power are excluded from coverage of the Byrd Amendment, but State-recognized Indian tribes and TDHEs established under State law are not excluded from the statute's coverage.

This application incorporates the Assurances and Certifications (HUD-424B) attached to this application or renews and incorporates for the funding you are seeking the Assurances and Certifications currently on file with HUD. To the best of my knowledge and belief, all information in this application is true and correct and constitutes material representation of fact upon which HUD may rely in awarding the agreement.

23. Signature of Authorized Official

Joan C. Davis
President and Chief Executive Officer

Name (printed)

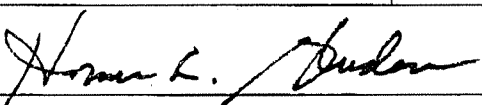
Joan C. Davis

Title

Date (mm/dd/yyyy)

06/06/2003

APPLICATION FOR FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION		2. DATE SUBMITTED June 10, 2003		Applicant Identifier EPA Tracking # 03-320	
Application EPA Tracking # 03-320 <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE	
				State Application Identifier	
		4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier	
5. APPLICANT INFORMATION					
Legal Name: CITY OF NEWPORT BEACH, CA			Organizational Unit: Newport Beach, Utilities Department		
Address (give city, county, state, and zip code): City of Newport Beach 3300 Newport Blvd. Newport Beach, CA 92658-8915			Name and telephone number of the person to be contacted on matters involving this application (give area code) Eldon Davidson, Utilities Director (949) 644-3011		
6. EMPLOYER IDENTIFICATION (EIN): 9-5-6-0-0-0-7-5-1			TYPE OF APPLICANT: (enter appropriate letter here) <u>C</u> A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District H. Independent School District I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify): _____		
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es): <input type="checkbox"/> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other Specify: _____			9. NAME OF FEDERAL AGENCY: Environmental Protection Agency		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: <u>6-6-5-0-6</u> TITLE: SSI & SP			11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Potable Water System Infrastructure Project - Reservoir Cover This project includes construction of a cover for the City's Big Canyon Reservoir and reservoir site landscaping.		
12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.): City of Newport Beach Orange County, California			14. CONGRESSIONAL DISTRICT OF : City of Newport Beach, CA		
13. PROPOSED PROJECT:		14. CONGRESSIONAL DISTRICT OF :			
Start Date July 1, 2003	End Date Oct. 1, 2005	a. Applicant: 48 th Congressional District (Christopher Cox)		b. Project Same as a.	
15. Estimated Funding:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?			
a. Federal	\$ 867,300	a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESSES FOR REVIEW ON: DATE <u>June 10, 2003</u>			
b. Applicant	\$ 709,609	b. NO. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW			
c. State	\$	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?			
d. Local	\$	<input type="checkbox"/> Yes If 'Yes' attach an explanation. <input checked="" type="checkbox"/> No			
e. Other	\$				
f. Program Income	\$				
g. TOTAL	\$ 1,576,909				
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.					
a. Typed Name of Authorized Representative: Homer L. Bludau		b. Title: City Manager, Newport Beach		c. Telephone Number (949) 644-3000	
d. Signature of Authorized Representative 				e. Date Signed <u>6/11/03</u>	

Previous Editions Not Usable

AUTHORIZED FOR LOCAL REPRODUCTION

Standard Form 424A (REV 4-88)
Prescribed by OMB Circular A-102

PART I - FACE SHEET

APPLICATION FOR FEDERAL ASSISTANCE		1. TYPE OF SUBMISSION: Non-Construction															
2a. DATE SUBMITTED TO CORPORATION FOR NATIONAL AND COMMUNITY SERVICE (CNCS): 06/10/03		3. DATE RECEIVED BY STATE: 06/10/03															
2b. APPLICATION ID: 03SC031435		STATE APPLICATION IDENTIFIER:															
5. APPLICATION INFORMATION		GRANT NUMBER:															
LEGAL NAME: City of San Jose, Pms		NAME AND CONTACT INFORMATION FOR PROJECT DIRECTOR OR OTHER PERSON TO BE CONTACTED ON MATTERS INVOLVING THIS APPLICATION (give area codes): NAME: Eva Lee TELEPHONE NUMBER: (408) 277-5507 FAX NUMBER: (408) 297-6123 INTERNET E-MAIL ADDRESS:															
ADDRESS (give street address, city, state and zip code): 1190 S Bascom Ave #220 San Jose CA 95128		7. TYPE OF APPLICANT: 7a. Local Government - Municipal 7b. Local Government, Municipal															
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 946000419		9. NAME OF FEDERAL AGENCY: Corporation for National and Community Service															
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> NEW <input type="checkbox"/> CONTINUATION <input type="checkbox"/> REVISION If Revision, enter appropriate letter(s) in box(es): <input type="checkbox"/> <input type="checkbox"/> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: City of San Jose Senior Companion Program															
10a. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 94.016 10b. TITLE: Senior Companion Program																	
12. AREAS AFFECTED BY PROJECT (List Cities, Counties, States, etc): Santa Clara County																	
13. PROPOSED PROJECT: START DATE: 07/01/03 END DATE: 06/30/04		14. PERFORMANCE PERIOD: START DATE: END DATE:															
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? <input checked="" type="checkbox"/> YES, THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE: 06-11-03															
<table border="1"> <tr> <td>a. FEDERAL</td> <td>\$ 125,791.00</td> </tr> <tr> <td>b. APPLICANT</td> <td>\$ 119,552.00</td> </tr> <tr> <td>c. STATE</td> <td>\$ 36,036.00</td> </tr> <tr> <td>d. LOCAL</td> <td>\$ 83,516.00</td> </tr> <tr> <td>e. OTHER</td> <td>\$ 0.00</td> </tr> <tr> <td>f. PROGRAM INCOME</td> <td>\$ 0.00</td> </tr> <tr> <td>g. TOTAL</td> <td>\$ 245,343.00</td> </tr> </table>		a. FEDERAL	\$ 125,791.00	b. APPLICANT	\$ 119,552.00	c. STATE	\$ 36,036.00	d. LOCAL	\$ 83,516.00	e. OTHER	\$ 0.00	f. PROGRAM INCOME	\$ 0.00	g. TOTAL	\$ 245,343.00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> YES If "Yes," attach an explanation. <input checked="" type="checkbox"/> NO	
a. FEDERAL	\$ 125,791.00																
b. APPLICANT	\$ 119,552.00																
c. STATE	\$ 36,036.00																
d. LOCAL	\$ 83,516.00																
e. OTHER	\$ 0.00																
f. PROGRAM INCOME	\$ 0.00																
g. TOTAL	\$ 245,343.00																
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.																	
a. TYPED NAME OF AUTHORIZED REPRESENTATIVE: Peter L. Jensen		b. TITLE: Assistant to the City Manager															
		c. TELEPHONE NUMBER: 408-277-3183															
		d. DATE: 06/10/03															

OMB Approval No. 0348-0043

APPLICATION FOR
FEDERAL ASSISTANCE

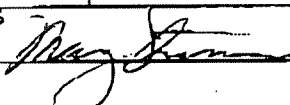
1. TYPE OF SUBMISSION: <input type="checkbox"/> Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		2. DATE SUBMITTED June 11, 2003		Applicant Identifier	
<input type="checkbox"/> Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE		State Application Identifier	
		4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier	
5. APPLICANT INFORMATION					
Legal Name: City of Ripon			Organizational Unit: Police		
Address (give city, county, State, and zip code): 259 N Wilma Ave Ripon, CA 95366			Name and telephone number of person to be contacted on matters involving this application (give area code): Richard A Bull 209-599-2102		
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-6000406			7. TYPE OF APPLICANT: (enter appropriate letter in box) C		
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) <input type="checkbox"/> <input type="checkbox"/> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other(specify):			A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District H. Independent School Dist. I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify)		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 16-710 TITLE: Public Safety and Community Policing			9. NAME OF FEDERAL AGENCY: U.S. Department of Justice		
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): City of Ripon			11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: School Resource Officer		
13. PROPOSED PROJECT		14. CONGRESSIONAL DISTRICTS OF:			
Start Date 8/1/03	Ending Date 7/1/06	a. Applicant CA 11th		b. Project CA 11th	
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?			
a. Federal	\$ 41,666 ⁰⁰	a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE 06/11/03			
b. Applicant	\$ 27,626 ⁰⁰	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW			
c. State	\$ 0 ⁰⁰	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No			
d. Local	\$ 0 ⁰⁰				
e. Other	\$ 0 ⁰⁰				
f. Program Income	\$ 0 ⁰⁰				
g. TOTAL	\$ 69,292 ⁰⁰				
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.					
a. Type Name of Authorized Representative Richard A Bull		b. Title Chief of Police		c. Telephone Number (209) 599-2102	
d. Signature of Authorized Representative Richard A. Bull				e. Date Signed 6-10-2003	

Previous Edition Usable

Authorized for Local Reproduction

Standard Form 424 (Rev. 7-97)
Prescribed by OMB Circular A-102

APPLICATION FOR FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: Application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED May 13, 2003	Applicant Identifier
		3. DATE RECEIVED BY STATE	State Application Identifier
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
5. APPLICANT INFORMATION			
Legal Name: City of El Segundo		Organizational Unit: Public Works Department	
Address (give city, county, State, and zip code): 350 Main Street El Segundo, CA 90245		Name and telephone number of person to be contacted on matters involving this application (give area code) Bellur Devaraj, 310-524-2358	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 95-6000706		7. TYPE OF APPLICANT: (enter appropriate letter in box) C	
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other(specify):		A. State H. Independent School Dist. B. County I. State Controlled Institution of Higher Learning C. Municipal J. Private University D. Township K. Indian Tribe E. Interstate L. Individual F. Intermunicipal M. Profit Organization G. Special District N. Other (Specify)	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 66-606 TITLE: 2003 Appropriations Act		9. NAME OF FEDERAL AGENCY: Susan Hatfield, United States Environmental Protection Agency	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): City of El Segundo		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Rehabilitation of the City's sanitary sewer system including replacement or relining of existing sewer mains and rehabilitation of sewer pump stations.	
13. PROPOSED PROJECT Sewer Rehabilitation		14. CONGRESSIONAL DISTRICTS OF: 36	
Start Date 09/2003	Ending Date 09/2005	a. Applicant City of El Segundo	b. Project Sewer System Rehabilitation
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$ 303,600.00	a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE June 11, 2003	
b. Applicant	\$ 248,400.00	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
c. State	\$ -0-.00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No	
d. Local	\$ -0-.00		
e. Other	\$ -0-.00		
f. Program Income	\$ -0-.00		
g. TOTAL	\$ 552,000.00		
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Type Name of Authorized Representative Mary Strenn		b. Title City Manager	c. Telephone Number 310-524-2301
d. Signature of Authorized Representative AS 		e. Date Signed 6/10/03	

APPLICATION FOR FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION

Application

☐ Construction
☒ Non-Construction

Preapplication

☐ Construction
☒ Non-Construction

2. DATE SUBMITTED 6-10-03

Applicant Identifier
R9 Tracking #03-274

3. DATE RECEIVED BY STATE

State Application Identifier

4. DATE RECEIVED BY FEDERAL AGENCY

Federal Identifier

5. APPLICANT INFORMATION

Legal Name: CITY OF ARCADIA, CA and CITY OF SIERRA MADRE, CA

Organizational Unit: Arcadia, Department of Public Works Services;
Sierra Madre, Department of Public Works

Address (give city, county, state, and zip code):

City of Arcadia
240 W. Huntington Dr.
Arcadia, CA 91066-6021City of Sierra Madre
232 W. Sierra Madre Blvd.
Sierra Madre, CA 91024Name and telephone number of the person to be contacted on matters involving this application
(give area code) Pat Malloy, Director of Public Works Services, Arcadia; (626) 256-
6584

Bruce Inman, Director of Public Works, Sierra Madre; (626) 355-7185

6. EMPLOYER IDENTIFICATION (EIN):

Arcadia: 9 5 - 6 0 0 0 6 6 7; Sierra Madre: 9 5 - 6 0 0 0 7 9 6

7.

TYPE OF APPLICANT: (enter appropriate letter here) C

A. State
B. County
C. Municipal
D. Township
E. Interstate
F. Intermunicipal
G. Special District

H. Independent School District
I. State Controlled Institution of Higher Learning
J. Private University
K. Indian Tribe
L. Individual
M. Profit Organization
N. Other (Specify): _____

8. TYPE OF APPLICATION:

☒ New ☐ Continuation ☐ RevisionIf Revision, enter appropriate letter(s) in box(es): ☐ ☐

A. Increase Award
B. Decrease Award
C. Increase Duration
D. Decrease Duration
Other Specify: _____

9. NAME OF FEDERAL AGENCY: Environmental Protection Agency

10. CATALOG OF FEDERAL

DOMESTIC ASSISTANCE NUMBER: 6 5 - 6 0 6

TITLE: Surveys, Studies, Investigations & Special Purpose Grants

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Water Infrastructure
Reliability Projects (Reservoirs and Pump Stations) and Water Resources Plan (East
Raymond Basin)

12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.):

City of Arcadia, City of Sierra Madre Los Angeles County, California

13. PROPOSED PROJECT:

Start Date
July 1, 2003End Date
June 1, 2006

14. CONGRESSIONAL DISTRICT OF:

a. Applicant: City of Arcadia: 26th Congressional District (Dreier) and City of Sierra Madre
26th Congressional Dist. (Dreier)b. Project
Same as a.

15. Estimated Funding:

a. Federal	\$	1,301,000 ^{**}
b. Applicant	\$	1,064,455 ^{**}
c. State	\$	
d. Local	\$	
e. Other	\$	
f. Program Income	\$	
g. TOTAL	\$	2,365,455 ^{**}

16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER
12372 PROCESS?a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE
TO THE STATE EXECUTIVE ORDER 12372 PROCESSES FOR REVIEW ON:DATE June 10, 2003b. NO.
☐ PROGRAM IS NOT COVERED BY E.O. 12372
☐ OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?

☐ Yes: If 'Yes' attach an explanation.☒ No

18.

TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS
BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF
THE ASSISTANCE IS AWARDED.

a. Typed Name of Authorized Representative.

William R. Kelly
Tamara S. Gates

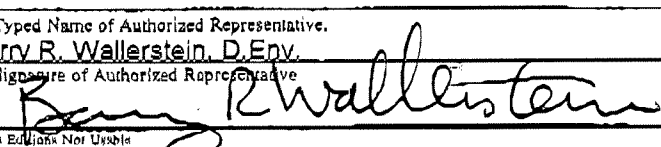
b. Title:

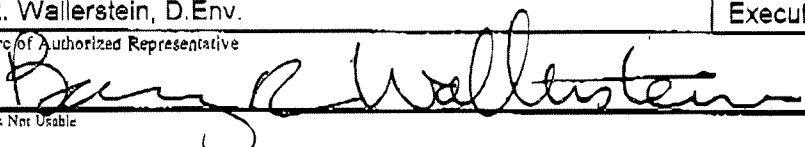
City Manager, Arcadia
City Manager, Sierra Madrec. Telephone Number
(818) 574-5401 (Arcadia)
(626) 355-7135 (Sierra Madre)

d. Signature of Authorized Representative

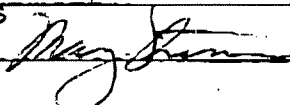
e. Date Signed

Tamara S. Gates 6/10/03

JUN 10 '03 05:26PM AQMD FINANCE		P. 2	
APPLICATION FOR FEDERAL ASSISTANCE		2. DATE SUBMITTED 06/06/2003	Applicant Identifier
1. TYPE OF SUBMISSION Application	Preapplication	3. DATE RECEIVED BY STATE	State Application Identifier
<input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction	<input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction	4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier A 009094-03-0
5. APPLICANT INFORMATION			
Legal Name: SOUTH COAST AIR QUALITY MANAGEMENT DISTRICT		Organizational Unit:	
Address (give city, county, state, and zip code): 21865 E. COPLEY DRIVE DIAMOND BAR, CA 91765		Name and telephone number of the person to be contacted on matters involving this application (give area code) Mary Leonard (909) 396-2780	
6. EMPLOYER IDENTIFICATION (BIN): 953099419		7. TYPE OF APPLICANT: (enter appropriate letter here) <u>N</u> A. State H. Independent School District B. County I. State Controlled Institution of Higher Learning C. Municipal J. Private University D. Township K. Indian Tribe E. Interstate L. Individual F. Intermunicipal M. Profit Organization G. Special District N. Other (Specify): <u>Regional Agency</u>	
8. TYPE OF APPLICATION: <input type="checkbox"/> New <input checked="" type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es): <input type="checkbox"/> <input type="checkbox"/> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other Specify: <u>Carryover</u>		9. NAME OF FEDERAL AGENCY: U.S. Environmental Protection Agency	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: <u>66.001</u> TITLE: <u>Air Pollution Control Program Support</u>		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: FY 2002-03 Air Pollution Control Program Support	
12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.): Orange, and the and non-desert areas of San Bernardino, Los Angeles, and Riverside Counties			
13. PROPOSED PROJECT:		14. CONGRESSIONAL DISTRICT OF:	
Start Date	End Date	a. Applicant:	b. Project
10/01/02	09/30/03	23-48	23-48
15. Estimated Funding:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. <u>YES</u> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESSES FOR REVIEW ON: DATE <u>6/10/2003</u> b. NO. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
a. Federal	\$ 1,884,332		
b. Applicant	\$ 0		
c. State	\$ 0		
d. Local	\$		
e. Other	\$	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No	
f. Program Income	\$		
g. TOTAL	\$ 1,884,332		
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Typed Name of Authorized Representative: Barry R. Wallerstein, D.Env.		b. Title: Executive Officer	c. Telephone Number (909) 396-2100
d. Signature of Authorized Representative 		c. Date Signed 6/10/03	

APPLICATION FOR FEDERAL ASSISTANCE		2. DATE SUBMITTED 6/11/2003		Applicant Identifier	
1. TYPE OF SUBMISSION Application		Preapplication		3. DATE RECEIVED BY STATE State Application Identifier	
<input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		<input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		4. DATE RECEIVED BY FEDERAL AGENCY Federal Identifier	
5. APPLICANT INFORMATION					
Legal Name: SOUTH COAST AIR QUALITY MANAGEMENT DISTRICT			Organizational Unit:		
Address (give city, county, state, and zip code): 21885 E. COPLEY DRIVE DIAMOND BAR, CA 91765			Name and telephone number of the person to be contacted on matters involving this application (give area code) Mary Leonard (909) 396-2780		
6. EMPLOYER IDENTIFICATION (EIN): 953099419			7. TYPE OF APPLICANT: (enter appropriate letter here) <u>N</u> A. State H. Independent School District B. County I. State Controlled Institution of Higher Learning C. Municipal J. Private University D. Township K. Indian Tribe E. Interstate L. Individual F. Intermunicipal M. Profit Organization G. Special District N. Other (Specify): <u>Regional Agency</u>		
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es): <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> A. Increase Award <input type="checkbox"/> B. Decrease Award <input type="checkbox"/> C. Increase Duration <input type="checkbox"/> D. Decrease Duration <input type="checkbox"/> Other Specify:			9. NAME OF FEDERAL AGENCY: U.S. Environmental Protection Agency		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: <u>66.001</u> TITLE: Air Pollution Control Program Support			11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: §103 Homeland Security Monitoring		
12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.): Orange, and the non-desert areas of Los Angeles, Riverside, and San Bernardino Counties					
13. PROPOSED PROJECT: Start Date End Date		14. CONGRESSIONAL a. Applicant: 24-48 b. Project: 24-48			
01/01/2003 9/30/2004					
15. Estimated Funding:			16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. <input checked="" type="checkbox"/> YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESSES FOR REVIEW ON: DATE <u>6/10/2003</u> b. NO. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
a. Federal		\$ 1,237,866			
b. Applicant		\$			
c. State		\$			
d. Local		\$			
e. Other		\$			
f. Program Income		\$			
g. TOTAL		\$ 1,237,866			
17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No					
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.					
a. Typed Name of Authorized Representative. Barry R. Wallerstein, D.Env.			b. Title: Executive Officer		c. Telephone Number (909) 396-2100
d. Signature of Authorized Representative 					e. Date Signed 6/10/03

APPLICATION FOR FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION:		2. DATE SUBMITTED May 13, 2003	Applicant Identifier
Application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction	Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction	3. DATE RECEIVED BY STATE	State Application Identifier
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
5. APPLICANT INFORMATION			
Legal Name: City of El Segundo		Organizational Unit: Public Works Department	
Address (give city, county, State, and zip code): 350 Main Street El Segundo, CA 90245		Name and telephone number of person to be contacted on matters involving this application (give area code): Bellur Devaraj, 310-524-2358	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 95-6000706		7. TYPE OF APPLICANT: (enter appropriate letter in box) <input checked="" type="checkbox"/> C	
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) <input type="checkbox"/> <input type="checkbox"/> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other(specify):		A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District H. Independent School Dist. I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify)	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 66-606 TITLE: 2003 Appropriations Act		9. NAME OF FEDERAL AGENCY: Susan Hatfield, United States Environmental Protection Agency	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): City of El Segundo		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Rehabilitation of the City's sanitary sewer system including replacement or relining of existing sewer mains and rehabilitation of sewer pump stations.	
13. PROPOSED PROJECT Sewer Rehabilitation		14. CONGRESSIONAL DISTRICTS OF: 36	
Start Date 09/2003	Ending Date 09/2005	a. Applicant City of El Segundo	b. Project Sewer System Rehabilitation
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$ 303,600.00	a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE June 11, 2003	
b. Applicant	\$ 248,400.00	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
c. State	\$ -0-	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?	
d. Local	\$ -0-	<input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No	
e. Other	\$ -0-		
f. Program Income	\$ -0-		
g. TOTAL	\$ 552,000.00		
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Type Name of Authorized Representative Mary Strenn		b. Title City Manager	c. Telephone Number 310-524-2301
d. Signature of Authorized Representative AS 		e. Date Signed 6/10/03	

Application for Federal Assistance

U.S. Department of Housing
and Urban Development

OMB Approval No.2501-0017 (exp. 03/31/2005)

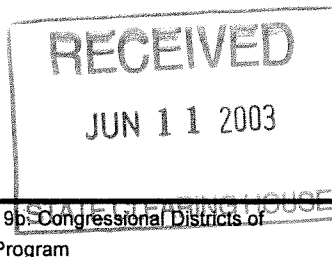
1. Type of Submission

☒ Application

☐ Preapplication

2. Date Submitted	4. HUD Application Number
3. Date and Time Received by HUD	5. Existing Grant Number
	6. Applicant Identification Number

7. Applicant's Legal Name Eskaton		8. Organizational Unit N/A	
9. Address (give city, county, State, and zip code) A. Address: 5105 Manzanita Avenue B. City: Carmichael C. County: Sacramento D. State: CA E. Zip Code: 95608		10. Name, title, telephone number, fax number, and e-mail of the person to be contacted on matters involving this application (including area codes) A. Name: Raymond W. Gee B. Title: Executive Director, HUD Housing C. Phone: 916/334-0810 D. Fax: 916/338-1248 E. E-mail: ray@eskaton.org	
11. Employer Identification Number (EIN) or SSN 94-296316		12. Type of Applicant (enter appropriate letter in box) N A. State I. University or College B. County J. Indian Tribe C. Municipal K. Tribally Designated Housing Entity (TDHE) D. Township L. Individual E. Interstate M. Profit Organization F. Intermunicipal N. Non-profit G. Special District O. Public Housing Authority H. Independent School District P. Other (Specify)	
13. Type of Application <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Renewal <input type="checkbox"/> Revision If Revision, enter appropriate letters in box(es) <input type="checkbox"/> <input type="checkbox"/> A. Increase Amount B. Decrease Amount C. Increase Duration D. Decrease Duration E. Other (Specify)		14. Name of Federal Agency U.S. Department of Housing and Urban Development	
15. Catalog of Federal Domestic Assistance (CFDA) Number Title: Component Title: 14 --- 181		16. Descriptive Title of Applicant's Program Low Income Housing for the Elderly	
17. Areas affected by Program (boroughs, cities, counties, States, Indian Reservation, etc.)		19a. Congressional Districts of Applicant 19b. Congressional Districts of Program	
18a. Proposed Program start date	18b. Proposed Program end date	19c. Congressional Districts of Program	
20. Estimated Funding: Applicant must complete the Funding Matrix on Page 2.			
21. Is Application subject to review by State Executive Order 12372 Process? A. Yes <input type="checkbox"/> This preapplication/application was made available to the State Executive Order 12372 Process for review on: Date _____ B. No <input type="checkbox"/> Program is not covered by E.O. 12372 <input type="checkbox"/> Program has not been selected by State for review.			
22. Is the Applicant delinquent on any Federal debt? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If "Yes," explain below or attach an explanation.			



Funding Matrix

The applicant must provide the funding matrix shown below, listing each program for which HUD funding is being requested, and complete the certifications.

Grant Program*	HUD Share	Applicant Match	Other HUD Funds	Other Federal Share	State Share	Local/Tribal Share	Other	Program Income	Total
HUD 202	892,209.00	3,000.00							895,209.00
									0.00
									0.00
									0.00
									0.00
Grand Totals	892,209.00	3,000.00	0.00	0.00	0.00	0.00	0.00	0.00	895,209.00

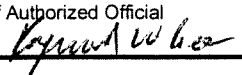
* For FHIPs, show both initiative and component

Certifications

I certify, to the best of my knowledge and belief, that no Federal appropriated funds have been paid, or will be paid, by or on behalf of the applicant, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress, in connection with the awarding of this Federal grant or its extension, renewal, amendment or modification. If funds other than Federal appropriated funds have or will be paid for influencing or attempting to influence the persons listed above, I shall complete and submit Standard Form-LLL, Disclosure Form to Report Lobbying. I certify that I shall require all sub awards at all tiers (including sub-grants and contracts) to similarly certify and disclose accordingly.

Federally recognized Indian Tribes and tribally designated housing entities (TDHEs) established by Federally-recognized Indian tribes as a result of the exercise of the tribe's sovereign power are excluded from coverage of the Byrd Amendment, but State-recognized Indian tribes and TDHEs established under State law are not excluded from the statute's coverage.

This application incorporates the Assurances and Certifications (HUD-424B) attached to this application or renews and incorporates for the funding you are seeking the Assurances and Certifications currently on file with HUD. To the best of my knowledge and belief, all information in this application is true and correct and constitutes material representation of fact upon which HUD may rely in awarding the agreement.

23. Signature of Authorized Official 		Name (printed) Raymond W. Gee	
Title Chief Financial Officer		Date (mm/dd/yyyy) 6/6/03	

Application for Federal Assistance

U.S. Department of Housing
and Urban Development

OMB Approval No.2501-0017 (exp. 03/31/2005)

1. Type of Submission

☒

Application

☐

Preapplication

2. Date Submitted

4. HUD Application Number

3. Date and Time Received by HUD

5. Existing Grant Number

6. Applicant Identification Number

7. Applicant's Legal Name

Mountain Valley Elder Care

8. Organizational Unit

N/A

9. Address (give city, county, State, and zip code)

A. Address: P.O. Box 1577

B. City: Hayfork

C. County: Trinity

D. State: CA

E. Zip Code: 96041

10. Name, title, telephone number, fax number, and e-mail of the person to be contacted on matters involving this application (including area codes)

A. Name: Larry McCord

B. Title: President

C. Phone: 530/628-9250

D. Fax:

E. E-mail:

11. Employer Identification Number (EIN) or SSN

91-1930557

12. Type of Applicant (enter appropriate letter in box)

N

A. State

I. University or College

B. County

J. Indian Tribe

C. Municipal

K. Tribally Designated Housing Entity (TDHE)

D. Township

L. Individual

E. Interstate

M. Profit Organization

F. Intermunicipal

N. Non-profit

G. Special District

O. Public Housing Authority

H. Independent School District

P. Other (Specify)

13. Type of Application

☒ New ☐ Continuation ☐ Renewal ☐ Revision

If Revision, enter appropriate letters in box(es)

☐
☐

A. Increase Amount B. Decrease Amount C. Increase Duration

D. Decrease Duration E. Other (Specify)

14. Name of Federal Agency

U.S. Department of Housing and Urban Development

15. Catalog of Federal Domestic Assistance (CFDA) Number

14 --- 181

Title:

Component Title:

16. Descriptive Title of Applicant's Program

Low Income Housing for the Elderly

17. Areas affected by Program (boroughs, cities, counties, States, Indian Reservation, etc.)

18a. Proposed Program start date

18b. Proposed Program end date

19a. Congressional Districts of Applicant

19b. Congressional Districts of Program

20. Estimated Funding: Applicant must complete the Funding Matrix on Page 2.

21. Is Application subject to review by State Executive Order 12372 Process?

A. Yes

☐

This preapplication/application was made available to the State Executive Order 12372 Process for review on: Date _____

B. No

☐

Program is not covered by E.O. 12372

☐

Program has not been selected by State for review.

22. Is the Applicant delinquent on any Federal debt?

☒

No

☐

Yes If "Yes," explain below or attach an explanation.

Funding Matrix

The applicant must provide the funding matrix shown below, listing each program for which HUD funding is being requested, and complete the certifications.

Grant Program*	HUD Share	Applicant Match	Other HUD Funds	Other Federal Share	State Share	Local/Tribal Share	Other	Program Income	Total
HUD 202	892,209.00	3,000.00							895,209.00
									0.00
									0.00
									0.00
									0.00
Grand Totals	892,209.00	3,000.00	0.00	0.00	0.00	0.00	0.00	0.00	895,209.00

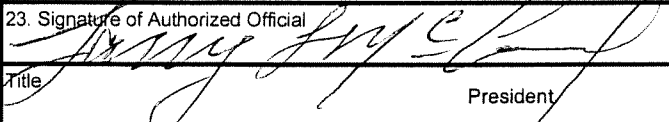
* For FHIPs, show both initiative and component

Certifications

I certify, to the best of my knowledge and belief, that no Federal appropriated funds have been paid, or will be paid, by or on behalf of the applicant, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress, in connection with the awarding of this Federal grant or its extension, renewal, amendment or modification. If funds other than Federal appropriated funds have or will be paid for influencing or attempting to influence the persons listed above, I shall complete and submit Standard Form-LLL, Disclosure Form to Report Lobbying. I certify that I shall require all sub awards at all tiers (including sub-grants and contracts) to similarly certify and disclose accordingly.

Federally recognized Indian Tribes and tribally designated housing entities (TDHEs) established by Federally-recognized Indian tribes as a result of the exercise of the tribe's sovereign power are excluded from coverage of the Byrd Amendment, but State-recognized Indian tribes and TDHEs established under State law are not excluded from the statute's coverage.

This application incorporates the Assurances and Certifications (HUD-424B) attached to this application or renews and incorporates for the funding you are seeking the Assurances and Certifications currently on file with HUD. To the best of my knowledge and belief, all information in this application is true and correct and constitutes material representation of fact upon which HUD may rely in awarding the agreement.

23. Signature of Authorized Official 		Name (printed) Larry McCord	
Title President		Date (mm/dd/yyyy) 6-3-03	

**Application for
Federal Assistance**

**U.S. Department of Housing
and Urban Development**

OMB Approval No.2501-0017 (exp. 03/31/2005)

1. Type of Submission

☒ Application

☐ Preapplication

2. Date Submitted

4. HUD Application Number

3. Date and Time Received by HUD

5. Existing Grant Number

6. Applicant Identification Number

7. Applicant's Legal Name

Eskaton

8. Organizational Unit

N/A

9. Address (give city, county, State, and zip code)

A. Address: 5105 Manzanita Avenue

B. City: Carmichael

C. County: Sacramento

D. State: CA

E. Zip Code: 95608

10. Name, title, telephone number, fax number, and e-mail of the person to be contacted on matters involving this application (including area codes)

A. Name: Raymond W. Gee

B. Title: Executive Director, HUD Housing

C. Phone: 916/334-0810

D. Fax: 916/338-1248

E. E-mail: ray@eskaton.org

11. Employer Identification Number (EIN) or SSN

94-296316

12. Type of Applicant (enter appropriate letter in box)

N

A. State

I. University or College

B. County

J. Indian Tribe

C. Municipal

K. Tribally Designated Housing Entity (TDHE)

D. Township

L. Individual

E. Interstate

M. Profit Organization

F. Intermunicipal

N. Non-profit

G. Special District

O. Public Housing Authority

H. Independent School District

P. Other (Specify)

13. Type of Application

☒ New ☐ Continuation ☐ Renewal ☐ Revision

If Revision, enter appropriate letters in box(es)

☐ ☐

A. Increase Amount B. Decrease Amount C. Increase Duration

D. Decrease Duration E. Other (Specify)

14. Name of Federal Agency

U.S. Department of Housing and Urban Development

15. Catalog of Federal Domestic Assistance (CFDA) Number

14 --- 181

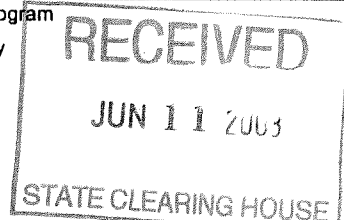
Title:

Component Title:

16. Descriptive Title of Applicant's Program

Low Income Housing for the Elderly

17. Areas affected by Program (boroughs, cities, counties, States, Indian Reservation, etc.)



18a. Proposed Program start date

18b. Proposed Program end date

19a. Congressional Districts of Applicant

19b. Congressional Districts of Program

20. Estimated Funding: **Applicant must complete the Funding Matrix on Page 2.**

21. Is Application subject to review by State Executive Order 12372 Process?

A. Yes ☐ This preapplication/application was made available to the State Executive Order 12372 Process for review on: Date _____

B. No ☐ Program is not covered by E.O. 12372

☐ Program has not been selected by State for review.

22. Is the Applicant delinquent on any Federal debt?

☒ No

☐ Yes If "Yes," explain below or attach an explanation.

Funding Matrix

The applicant must provide the funding matrix shown below, listing each program for which HUD funding is being requested, and complete the certifications.

Grant Program*	HUD Share	Applicant Match	Other HUD Funds	Other Federal Share	State Share	Local/Tribal Share	Other	Program Income	Total
HUD 202	5,493,345.00	3,000.00							5,496,345.00
									0.00
									0.00
									0.00
									0.00
Grand Totals	5,493,345.00	3,000.00	0.00	0.00	0.00	0.00	0.00	0.00	5,496,345.00

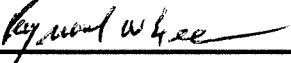
* For FHIPs, show both initiative and component

Certifications

I certify, to the best of my knowledge and belief, that no Federal appropriated funds have been paid, or will be paid, by or on behalf of the applicant, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress, in connection with the awarding of this Federal grant or its extension, renewal, amendment or modification. If funds other than Federal appropriated funds have or will be paid for influencing or attempting to influence the persons listed above, I shall complete and submit Standard Form-LLL, Disclosure Form to Report Lobbying. I certify that I shall require all sub awards at all tiers (including sub-grants and contracts) to similarly certify and disclose accordingly.

Federally recognized Indian Tribes and tribally designated housing entities (TDHEs) established by Federally-recognized Indian tribes as a result of the exercise of the tribe's sovereign power are excluded from coverage of the Byrd Amendment, but State-recognized Indian tribes and TDHEs established under State law are not excluded from the statute's coverage.

This application incorporates the Assurances and Certifications (HUD-424B) attached to this application or renews and incorporates for the funding you are seeking the Assurances and Certifications currently on file with HUD. To the best of my knowledge and belief, all information in this application is true and correct and constitutes material representation of fact upon which HUD may rely in awarding the agreement.

23. Signature of Authorized Official 		Name (printed) Raymond W. Gee	
Title Executive Director, HUD Housing		Date (mm/dd/yyyy)	

APPLICATION FOR FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

1. TYPE OF SUBMISSION: <input type="checkbox"/> Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		2. DATE SUBMITTED		Applicant Identifier RA # 03-234	
<input type="checkbox"/> Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE		State Application Identifier	
		4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier	
5. APPLICANT INFORMATION					
Legal Name: CITY OF OCEANSIDE			Organizational Unit: WATER UTILITIES DEPARTMENT		
Address (give city, county, State, and zip code): City of Oceanside, County of San Diego 300 North Coast Highway, Oceanside, CA 92054			Name and telephone number of person to be contacted on matters involving this application (give area code)		
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 95-1688570			7. TYPE OF APPLICANT: (enter appropriate letter in box) <input checked="" type="checkbox"/> C A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District H. Independent School Dist. I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify)		
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other (specify):			9. NAME OF FEDERAL AGENCY: U.S. Environmental Protection Agency		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 66-606 TITLE: Special Appropriations			11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Mission San Luis Rey Water Line		
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):					
13. PROPOSED PROJECT		14. CONGRESSIONAL DISTRICTS OF:			
Start Date	Ending Date	a. Applicant 48th		b. Project 48th	
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?			
a. Federal	\$ 238,500	a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE			
b. Applicant	\$ 195,136	b. No. <input checked="" type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW			
c. State	\$ 0	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?			
d. Local	\$ 0	<input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No			
e. Other	\$ 0				
f. Program Income	\$				
g. TOTAL	\$ 433,636				
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.					
a. Type Name of Authorized Representative Steven R. Jepsen		b. Title City Manager		c. Telephone Number (760) 435-3068	
d. Signature of Authorized Representative				e. Date Signed 6-10-03	

Application for Federal Assistance

U.S. Department of Housing
and Urban Development

OMB Approval No.2501-0017 (exp. 03/31/2005)

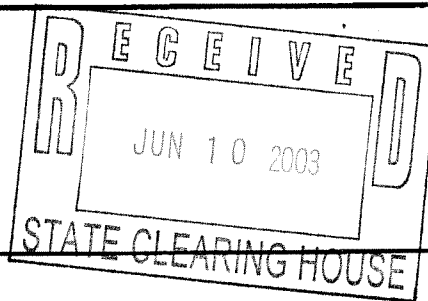
1. Type of Submission

☒ Application

☐ Pre application

2. Date Submitted 06/13/2003	4. HUD Application Number
3. Date and Time Received by HUD	5. Existing Grant Number
	6. Applicant Identification Number

7. Applicant's Legal Name Sathelite Housing, Inc.		8. Organizational Unit Housing Development	
9. Address (give city, county, State, and zip code) A. Address: 2526 Martin Luther King Jr. Way B. City: Berkeley C. County: Alameda D. State: California E. Zip Code: 94538		10. Name, title, telephone number, fax number, and e-mail of the person to be contacted on matters involving this application (including area codes) A. Name: Dori Kojima B. Title: Housing Development Specialist C. Phone: 510-647-0700 Ext 114 D. Fax: 510-647-0820 E. E-mail: dkojima@sathomes.org	
11. Employer Identification Number (EIN) or SSN 94-303137		12. Type of Applicant (enter appropriate letter in box) N A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District H. Independent School District I. University or College J. Indian Tribe K. Tribally Designated Housing Entity (TDHE) L. Individual M. Profit Organization N. Non-profit O. Public Housing Authority P. Other (Specify)	
13. Type of Application <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Renewal <input type="checkbox"/> Revision (If Revision, enter appropriate letters in box(es)) <input type="checkbox"/> <input type="checkbox"/> A. Increase Amount B. Decrease Amount C. Increase Duration D. Decrease Duration E. Other (Specify)		14. Name of Federal Agency U.S. Department of Housing and Urban Development	
15. Catalog of Federal Domestic Assistance (CFDA) Number 14 --- 157 Title: Section 202 Component Title: Supportive Housing for the Elderly		16. Descriptive Title of Applicant's Program Casa Montego II: A 33-unit senior housing expansion of Casa Montego	
17. Areas affected by Program (boroughs, cities, counties, States, Indian Reservation, etc.) City of Walnut Creek County of Contra Costa			
18a. Proposed Program start date 7/1/04	18b. Proposed Program end date 9/1/05	19a. Congressional Districts of Applicant 9	19b. Congressional Districts of Program 10
20. Estimated Funding: Applicant must complete the Funding Matrix on Page 2.			
21. Is Application subject to review by State Executive Order 12372 Process? A. Yes <input checked="" type="checkbox"/> This preapplication/application was made available to the State Executive Order 12372 Process for review on: Date 6/11/03 B. No <input type="checkbox"/> Program is not covered by E.O. 12372 <input type="checkbox"/> Program has not been selected by State for review.			
22. Is the Applicant delinquent on any Federal debt? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If "Yes," explain below or attach an explanation.			



Funding Matrix

The applicant must provide the funding matrix shown below, listing each program for which HUD funding is being requested, and complete the certifications.

Grant Program*	HUD Share	Applicant Match	Other HUD Funds	Other Federal Share	State Share	Local/Tribal Share	Other	Program Income	Total
	1,369,277.00	6,846.39		440,000.00		860,000.00	55,000.00		2,731,123.39
	3,792,261.00	10,000.00		500,000.00		788,000.00	235,000.00		5,325,261.00
									0.00
									0.00
									0.00
Grand Totals	5,161,538.00	16,846.39	0.00	940,000.00	0.00	1,648,000.00	290,000.00	0.00	8,056,384.39

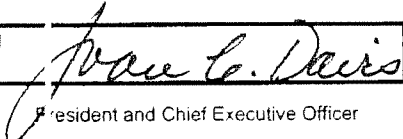
* For FHIPs, show both initiative and component

Certifications

I certify, to the best of my knowledge and belief, that no Federal appropriated funds have been paid, or will be paid, by or on behalf of the applicant, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress, in connection with the awarding of this Federal grant or its extension, renewal, amendment or modification. If funds other than Federal appropriated funds have or will be paid for influencing or attempting to influence the persons listed above, I shall complete and submit Standard Form-LLL, Disclosure Form to Report Lobbying. I certify that I shall require all sub awards at all tiers (including sub-grants and contracts) to similarly certify and disclose accordingly.

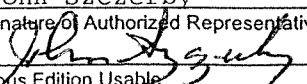
Federally recognized Indian Tribes and tribally designated housing entities (TDHEs) established by Federally-recognized Indian tribes as a result of the exercise of the tribe's sovereign power are excluded from coverage of the Byrd Amendment, but State-recognized Indian tribes and TDHEs established under State law are not excluded from the statute's coverage.

This application incorporates the Assurances and Certifications (HUD-424B) attached to this application or renews and incorporates for the funding you are seeking the Assurances and Certifications currently on file with HUD. To the best of my knowledge and belief, all information in this application is true and correct and constitutes material representation of fact upon which HUD may rely in awarding the agreement.

23. Signature of Authorized Official		Name (printed)	Joan C. Davis
Title	President and Chief Executive Officer	Date (mm/dd/yyyy)	06/10/2003

APPLICATION FOR FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

1. TYPE OF SUBMISSION: Application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED	Applicant Identifier
		3. DATE RECEIVED BY STATE	State Application Identifier
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
5. APPLICANT INFORMATION			
Legal Name: Grizzly Lake Resprt Improvement District		Organizational Unit: Special District	
Address (give city, county, State, and zip code): 119 Delleker Road Portola, CA. 96122		Name and telephone number of person to be contacted on matters involving this application (give area code) John Szczerby (530)832-5225	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 68-0048758		7. TYPE OF APPLICANT: (enter appropriate letter in box) <input checked="" type="checkbox"/> G	
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) <input type="checkbox"/> <input type="checkbox"/> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other(specify): _____		A. State H. Independent School Dist. B. County I. State Controlled Institution of Higher Learning C. Municipal J. Private University D. Township K. Indian Tribe E. Interstate L. Individual F. Intermunicipal M. Profit Organization G. Special District N. Other (Specify) _____	
		9. NAME OF FEDERAL AGENCY: USDA Rural Development	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 10-760		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Water Storage Tank and System Improvements	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Crocker Mountain, Plumas County, CA.		<div style="border: 2px solid black; padding: 5px; text-align: center;"> RECEIVED JUN 10 2003 STATE CLEARING HOUSE </div>	
13. PROPOSED PROJECT			
Start Date 8/15/03	Ending Date 11/15/03	14. CONGRESSIONAL DISTRICTS OF: John Doolittle	
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$ 393,500.00	a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE _____	
b. Applicant	\$.00	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372	
c. State	\$.00	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
d. Local	\$.00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?	
e. Other	\$.00	<input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No	
f. Program Income	\$.00		
g. TOTAL	\$ 393,500.00		
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Type Name of Authorized Representative John Szczerby		b. Title System Manager	c. Telephone Number (530)832-5225
d. Signature of Authorized Representative 		e. Date Signed 6/9/2003	

Previous Edition Usable

Authorized for Local Reproduction

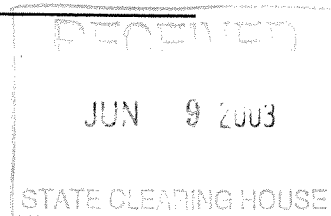
Standard Form 424 (Rev. 7-97)

Prescribed by OMB Circular A-102

I. General Information

Applicant Organization's Legal Name:

City of Los Angeles



Applicant Agency ORI Number: C A O 1 9 4 2

The ORI number is assigned to your agency by the FBI for purposes of UCR crime reporting. It begins with your state abbreviation followed by five digits. If your agency does not have an ORI number, leave this blank, and the COPS Office will assign one to you. For further clarification, please refer to your Application Instructions Manual on page 13.

Applicant Agency EIN Number: 9 5 6 0 0 0 7 3 5

The EIN number is assigned to your agency by the Internal Revenue Service (IRS) and consists of nine digits. If the Office of Justice Programs has assigned your department an EIN number, please use that assigned number. Otherwise, your IRS EIN number should be used. For further clarification, please refer to your Application Instructions Manual on page 13.

Federal Congressional District Number: 25,27,28,29,30,31,32,33,34,35,36,37,39,46

Do not substitute state or local congressional districts. If your agency spans more than one congressional district, please list all those districts above.

Is your agency contracting for law enforcement services? ☐ Yes ☒ No

If "yes," enter the name and agency information of the contract law enforcement department in the Executive Information section on page 3. For further clarification in determining if this applies to your agency, please see page 13 of the Application Instructions Manual.

In the space below, please provide a brief explanation of your agency's inability to implement this project without federal assistance.

The inability of the City of Los Angeles to implement this project without federal assistance is due to local budget constraints, in large part caused by the events of September 11, 2001. The City's comprehensive homeland security plan and needs assessments have resulted in the City spending \$103 million on counter-terrorism, without waiting for federal assistance. In addition, the City estimates its other homeland security needs at over \$100 million. The FY03 Universal Hiring Program, with its link to homeland security, emphasizes the importance of getting direct funding to those cities that are most vulnerable to terrorist attack. Los Angeles has identified 618 high threat locations within the City, which comprise at least 85% of the targets in the County. Many rank highest on the state list of potential terrorist targets, including Los Angeles International Airport (LAX).

II. Executive Information

The law enforcement and government executives that appear in this section must be those individuals who will have ultimate financial and programmatic authority for this grant. Typically, these are the highest-ranking officials within your jurisdiction (e.g., Chief of Police, Sheriff, or equivalent for law enforcement executives, and Mayor, City Administrator, or equivalent for government executives). Listing individuals without ultimate financial and programmatic authority for the grant could delay the review of your application, or remove your application from consideration.

Law Enforcement Executive's Name: William J. Bratton
Title: Chief of Police **Agency Name:** Los Angeles Police Department
Address: 150 N. Los Angeles Street

City: Los Angeles **State:** CA **Zip Code:** 90012
Telephone: (213) 485-3202 **Fax:** (213) 485-2719
E-mail (if applicable): brattonw@lapd.lacity.org

Type of Law Enforcement Agency:

- ☒ Municipal ☐ State ☐ County Police Department
☐ Sheriff* ☐ Tribal ☐ Transit*
☐ School*
☐ University/College* Please indicate: (☐ Public or ☐ Private)
☐ Public Housing* ☐ New Start-Up* (please specify): _____
☐ Other* (please specify): _____

** Agency types with an asterisk next to them must complete the additional questionnaire found at the back of this Application Booklet, and include it with the application. Refer to page 3 of the Application Instructions Manual for more information.*

Government Executive's Name: James K. Hahn
Title: Mayor **Name of Government Entity:** City of Los Angeles
Address: 200 N. Spring Street, Room 303

City: Los Angeles **State:** CA **Zip Code:** 90012
Telephone: (213) 978-0600 **Fax:** (213) 978-0656
E-mail (if applicable): jhahn@mayor.lacity.org

Type of Government Entity:

- ☐ State ☒ City ☐ Town ☐ County
☐ Village ☐ Borough ☐ Township ☐ Territory
☐ Region ☐ Council ☐ Community ☐ Pueblo
☐ Nation ☐ School District
☐ Other (please specify): _____

Contact Information:

Contact person in your department who is familiar with this grant:

Name: Roberta M. Yang
Title: Deputy Mayor for Public Safety
Telephone: (213) 978-0630 **Fax:** (213) 978-0889
E-mail (if applicable): ryang@mayor.lacity.org

III. Department Information

Population served as of 2000 U.S. Census: 3,694,820

If the population that your agency serves is not represented by U.S. Census figures (e.g., colleges, special departments, etc.), please indicate the size of the population served here: N/A

Square miles covered by your agency: 468

Exclude the population and square miles primarily served by other law enforcement agencies within your jurisdiction. For example, a sheriff's department must exclude populations and areas covered by a city police department for which the sheriff's department has no primary law enforcement authority.

Current budgeted locally-funded sworn force strength as of the date of application: Full-time officers: 9,498 Part-time officers: N/A

The budgeted locally-funded sworn force strength is the number of sworn officer positions your department has allocated for its budget, including state and locally-funded vacancies. Do not include unpaid/reserve officers, COPS-funded positions (unless they are in the locally-funded retention period), or detention staff.

Current actual locally-funded sworn force strength as of the date of application: Full-time officers: 9,174 Part-time officers: N/A

The actual locally-funded sworn force strength is the actual number of sworn officer positions employed by your department as of the date of application. Do not include vacant state or locally-funded positions, COPS-funded positions (unless they are in the locally-funded retention period), or unpaid/reserve positions.

IV. Officer Request Information

What is the total number of new officer position(s) your agency is applying for with this Universal Hiring Program application?

Full-time: 533 Part-time: N/A

Your request should be consistent with your agency's law enforcement needs. Do not request more positions than your agency can realistically support.

*Total amount of federal funds requested for all full-time and part-time officers:

\$ 39,975,000

From Page 31, Box A on Budget Information Worksheets

*Total non-federal matching funds required (local share):

\$ 70,729,633

From Page 31, Box B on Budget Information Worksheets

**To answer these questions, complete and refer to the Universal Hiring Program 2003 Budget Information Worksheets provided in this Application Booklet.*

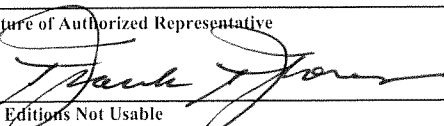
Is your agency requesting a waiver of the local match requirement due to severe fiscal distress?

☒ Yes

☐ No

If "yes," you must provide written justification as required per the Universal Hiring Program Waiver Information Worksheet. For further information, please refer to the "Guidelines for Waivers of the Local Match" section in the Application Instructions Manual, page 5. Requests for a waiver of the local match submitted without supporting documentation will not be considered.

APPLICATION FOR FEDERAL ASSISTANCE		2. DATE SUBMITTED	Applicant Identifier
1. TYPE OF SUBMISSION: <i>Application</i> <input checked="" type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction	<i>Preapplication</i> <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction	3. DATE RECEIVED BY STATE	State Application Identifier
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
5. APPLICANT INFORMATION			
Legal Name Los Angeles County Metropolitan Transportation Authority		Organizational Unit: Long Range Planning & Programming	
Address (give city, state, and zip code): One Gateway Plaza Los Angeles, California 90012-2952		Name and telephone number of the person to be contacted on matters involving this application (give area code) Kathy Banh (213) 922-7635	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 95 - 44 0 19 75		7. TYPE OF APPLICANT: (enter appropriate letter in box) N	
8. TYPE OF APPLICATION: New <input type="checkbox"/> Continuation <input checked="" type="checkbox"/> Revision – A (Increase of Award)		A State H Independent School Dist. B County I State Controlled Institution of Higher Learning C Municipal J Private University D Township K Indian Tribe E Interstate L Individual F Intermunicipal M Profit Organization G Special District N Other (Specify) _____	
If Revision, enter appropriate letter(s) in box(es): A Increase Award B Decrease Award C Increase Duration D Decrease Duration Other (specify)		State Chartered Transit District	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER 20 - 500 TITLE 49 U.S.C. § 5309		9. NAME OF FEDERAL AGENCY: Federal Transit Administration	
12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.) County of Los Angeles, CA		11. DESCRIPTIVE TITLE OF APPLICANTS PROJECT: Fiscal Year 2003 Fixed Guideway, CA-03-0568-02	
13. PROPOSED PROJECT		14. CONGRESSIONAL DISTRICTS OF	
Start Date 07-01-2002	Ending Date 06/30/2006	a. Applicant Districts 24 through 39, and 41	b. Project Same as Applicant

15. ESTIMATED FUNDING		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12272 PROCESS?	
a Federal	\$ 35,522,060	a YES THIS PREAPPLICATION APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE <u>6/06/2003</u> b NO <input type="checkbox"/> PROGRAM IS NOT COVERED BY E O 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
b Applicant	\$.00		
c State	\$.00		
d Local	\$ 8,880,515.00		
e Other	\$.00		
f Program Income	\$.00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes" attach an explanation <input checked="" type="checkbox"/> No	
g TOTAL	\$ 44,402,575.00		
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED			
a Typed Name of Authorized Representative FRANK FLORES		b Title Deputy Executive Officer, Long Range Planning & Prog.	c Telephone number (213) 922-2456
d. Signature of Authorized Representative 		e. Date Signed 06-06-03	

Previous Editions Not Usable

DOT



FTA

U.S. Department of Transportation

Federal Transit Administration

Application for Federal Assistance

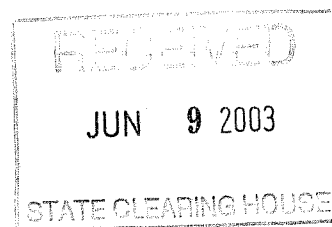
Recipient ID:	5830
Recipient Name:	ACCESS SERVICES, INC.
Project ID:	CA-16-0043
Budget Number:	1 - Budget Pending Approval
Project Information:	FY 2004 CAP PRJCTS; PURCHASED TRANSP

Part 1: Recipient Information

Project Number:	CA-16-0043
Recipient ID:	5830
Recipient Name:	ACCESS SERVICES, INC.
Address:	633 WEST 5TH STREET 9TH FLOOR, LOS ANGELES, CA 90017 0000
Telephone:	(213) 270-6000
Facsimile:	(213) 270-6057

Union Information

Recipient ID:	5830
Union Name:	Gardena Municipal Employees Association
Address 1:	
Address 2:	
City:	, 00000 0000
Contact Name:	Ellen Emerson
Telephone:	
Facsimile:	



Recipient ID:	5830
Union Name:	LOS ANGELES DEPUTY SHERRIFFS
Address 1:	
Address 2:	
City:	, 00000 0000
Contact Name:	DOUGLAS MCLELLAN
Telephone:	
Facsimile:	

Recipient ID:	5830
Union Name:	TRANSPORTATION COMMUNION INTERNATIONAL UNIOUNITED TRANSPORTATION UNION
Address 1:	
Address 2:	
City:	, 00000 0000
Contact Name:	ROBERT SCARDELLETTI
Telephone:	
Facsimile:	

Recipient ID:	5830
Union Name:	TRANSPORTATION-COMMUNICATION INTERNATIONAL UNION (TCU)
Address 1:	
Address 2:	
City:	, 00000 0000
Contact Name:	ROBERT SCARDELLETTI
Telephone:	
Facsimile:	

Recipient ID:	5830
Union Name:	SERVICE EMPLOYEES' INTERNATIONAL UNIONUNITED TRANSPORTATION UNION
Address 1:	
Address 2:	
City:	, 00000 0000
Contact Name:	ANDREW STERN
Telephone:	
Facsimile:	

Recipient ID:	5830
Union Name:	SERVICE EMPLOYEES' INTERNATIONAL UNION (SEIU)
Address 1:	
Address 2:	
City:	, 00000 0000
Contact Name:	ANDREW STERN
Telephone:	
Facsimile:	

Recipient ID:	5830
Union Name:	INTERNATIONAL ASSOCIATION OF MACHINISTS AND AEROSPACE WORKERS (IAM)
Address 1:	
Address 2:	
City:	, 00000 0000
Contact Name:	THOMAS BUFFENBARGER

Telephone:	
Facsimile:	

Recipient ID:	5830
Union Name:	INTERNATIONAL ASSOCIATION OF MACHINISTS AND AEROSPACE WORKERS (IAM)
Address 1:	
Address 2:	
City:	, 00000 0000
Contact Name:	THOMAS BUFFENBARGER
Telephone:	
Facsimile:	

Recipient ID:	5830
Union Name:	NORWALK CITY EMPLOYEES' ASSOCIATION
Address 1:	
Address 2:	
City:	, 00000 0000
Contact Name:	RAY MATHHEWS
Telephone:	
Facsimile:	

Recipient ID:	5830
Union Name:	INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS
Address 1:	
Address 2:	
City:	, 00000 0000
Contact Name:	JOHN J. BARRY
Telephone:	
Facsimile:	

Recipient ID:	5830
Union Name:	BROTHERHOOD OF LOCOMOTIVE ENGINEERS (BLE)
Address 1:	
Address 2:	
City:	, 00000 0000
Contact Name:	EDWARD DUBROSKI
Telephone:	
Facsimile:	

Recipient ID:	5830
Union Name:	BROTHERHOOD OF AIRLINE, RAILWAY AND STEAMSHIP CLERKS (BARSC)
Address 1:	
Address 2:	

City:	, 00000 0000
Contact Name:	NA NA
Telephone:	
Facsimile:	

Recipient ID:	5830
Union Name:	AMERICAN TRAIN DISPATCHERS ASSOCIATION (ATDA)
Address 1:	
Address 2:	
City:	, 00000 0000
Contact Name:	LES PARMELEE
Telephone:	
Facsimile:	

Recipient ID:	5830
Union Name:	SOUTHERN CALIFORNIA CONFERENCE OF CARPENTERS
Address 1:	
Address 2:	
City:	, 00000 0000
Contact Name:	GORDON HUBEL
Telephone:	
Facsimile:	

Recipient ID:	5830
Union Name:	SANTA MONICA ADMINISTRATIVE TEAM ASSOCIATION (SMATA)
Address 1:	
Address 2:	
City:	, 00000 0000
Contact Name:	KAREN PICKETT
Telephone:	
Facsimile:	

Recipient ID:	5830
Union Name:	SANTA MONICA MANAGEMENT TEAM ASSOCIATION (SMMTA)
Address 1:	
Address 2:	
City:	, 00000 0000
Contact Name:	BOB HARVEY
Telephone:	
Facsimile:	

Recipient ID:	5830
Union Name:	SANTA MONICA MUNICIPAL EMPLOYEES' ASSOCIATION (SMMEA)

Address 1:	
Address 2:	
City:	, 00000 0000
Contact Name:	LEE NORRIS
Telephone:	
Facsimile:	

Recipient ID:	5830
Union Name:	UNITED TRANSPORTATION UNION
Address 1:	
Address 2:	
City:	, 00000 0000
Contact Name:	BERNIE MCNELIS
Telephone:	
Facsimile:	

Recipient ID:	5830
Union Name:	AMALGAMATED TRANSIT UNION
Address 1:	
Address 2:	
City:	, 00000 0000
Contact Name:	LEO E. WETZEL
Telephone:	
Facsimile:	

Recipient ID:	5830
Union Name:	AMERICAN FEDERATION OF STATE, COUNTY AND MUNICIPAL EMPLOYEES
Address 1:	
Address 2:	
City:	, 00000 0000
Contact Name:	GERALD McENTEE
Telephone:	
Facsimile:	

Recipient ID:	5830
Union Name:	LOS ANGELES POLICE PROTECTIVE LEAGUE
Address 1:	
Address 2:	
City:	, 00000 0000
Contact Name:	TED HUNT
Telephone:	
Facsimile:	

Recipient ID:	5830
Union Name:	INTERNATIONAL BROTHERHOOD OF TEAMSTERS
Address 1:	
Address 2:	
City:	, 00000 0000
Contact Name:	JAMES, P. HOFFA
Telephone:	
Facsimile:	

Part 2: Project Information

Project Type:	Grant	Gross Project Cost:	\$53,038,050
Project Number:	CA-16-0043	Adjustment Amt:	\$0
Project Description:	FY 2004 CAP PRJCTS; PURCHASED TRANSP	Total Eligible Cost:	\$53,038,050
Recipient Type:	Other Nonprofit Organization	Total FTA Amt:	\$46,954,586
FTA Project Mgr:	Ray Tellis	Total State Amt:	\$0
Recipient Contact:	Arun Prem 213.270.6000	Total Local Amt:	\$6,083,464
New/Amendment:	None Specified	Other Federal Amt:	\$0
Amend Reason:	Initial Application	Special Cond Amt:	\$0
Fed Dom Asst. #:	20513	Special Condition:	None Specified
Sec. of Statute:	5310	S.C. Tgt. Date:	None Specified
State Appl. ID:	None Specified	S.C. Eff. Date:	None Specified
Start/End Date:	Jul. 01, 2003 - Oct. 31, 2004	Est. Oblig Date:	None Specified
Recvd. By State:		Pre-Award Authority?:	Yes
EO 12372 Rev:	YES	Fed. Debt Authority?:	No
Review Date:	Jun. 02, 2003	Final Budget?:	No
Planning Grant?:	NO		
Program Date (STIP/UPWP/FTA Prm Plan) :	Oct. 06, 2002		
Program Page:	4		
Application Type:	Electronic		
Supp. Agreement?:	No		
Debt. Delinq. Details:			

Urbanized Areas

UZA ID	UZA Name
60000	CALIFORNIA

Application for Federal Assistance

U.S. Department of Housing
and Urban Development

OMB Approval No.2501-0017 (exp. 03/31/2005)

1. Type of Submission



Application



Preapplication

2. Date Submitted	4. HUD Application Number
3. Date and Time Received by HUD	5. Existing Grant Number
	6. Applicant Identification Number

7. Applicant's Legal Name Los Angeles Community Design Center	8. Organizational Unit
--	------------------------

9. Address (give city, county, State, and zip code) A. Address: 315 W. Ninth St., Suite 410 B. City: Los Angeles C. County: Los Angeles D. State: California E. Zip Code: 90015	10. Name, title, telephone number, fax number, and e-mail of the person to be contacted on matters involving this application (including area codes) A. Name: Amy Anderson B. Title: Housing Director C. Phone: 213-629-2702 D. Fax: 213-627-6407 E. E-mail: aanderson@lacdc.com
--	---

11. Employer Identification Number (EIN) or SSN 95-6377511	12. Type of Applicant (enter appropriate letter in box) N
---	--

13. Type of Application <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Renewal <input type="checkbox"/> Revision If Revision, enter appropriate letters in box(es) <input type="checkbox"/> <input type="checkbox"/> A. Increase Amount B. Decrease Amount C. Increase Duration D. Decrease Duration E. Other (Specify)	<p>A. State I. University or College</p> <p>B. County J. Indian Tribe</p> <p>C. Municipal K. Tribally Designated Housing Entity (TDHE)</p> <p>D. Township L. Individual</p> <p>E. Interstate M. Profit Organization</p> <p>F. Intermunicipal N. Non-profit</p> <p>G. Special District O. Public Housing Authority</p> <p>H. Independent School District P. Other (Specify)</p>
---	--

14. Name of Federal Agency U.S. Department of Housing and Urban Development
--

15. Catalog of Federal Domestic Assistance (CFDA) Number Title: Component Title: Section 202 Program 14 — 157	16. Descriptive Title of Applicant's Program Crenshaw Senior Apartments New construction of low-income senior rental housing, community space, and parking
--	--

17. Areas affected by Program (boroughs, cities, counties, States, Indian Reservation, etc.) Los Angeles, Los Angeles County, State of California

18a. Proposed Program start date 6/1/04	18b. Proposed Program end date 6/1/05	19a. Congressional Districts of Applicant 33	19b. Congressional Districts of Program 33
--	--	---	---

20. Estimated Funding: Applicant must complete the Funding Matrix on Page 2.

21. Is Application subject to review by State Executive Order 12372 Process?	
A. Yes <input checked="" type="checkbox"/>	This preapplication/application was made available to the State Executive Order 12372 Process for review on: Date 5/16/03
B. No <input type="checkbox"/>	Program is not covered by E.O. 12372
	Program has not been selected by State for review.

22. Is the Applicant delinquent on any Federal debt? <input checked="" type="checkbox"/> No
<input type="checkbox"/> Yes If "Yes," explain below or attach an explanation.

Funding Matrix

The applicant must provide the funding matrix shown below, listing each program for which HUD funding is being requested, and complete the certifications.

Grant Program*	HUD Share	Applicant Match	Other HUD Funds	Other Federal Share	State Share	Local/Tribal Share	Other	Program Income	Total
Elderly Housing	6,592,513.00		0.00	0.00	0.00		0.00	0.00	6,592,513.00
L A Housing Depart.						525,000.00			525,000.00
Applicant		10,000.00							10,000.00
									0.00
									0.00
Grand Totals	6,592,513.00	10,000.00	0.00	0.00	0.00	525,000.00	0.00	0.00	7,127,513.00

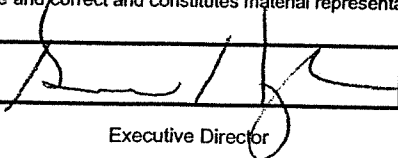
* For FHIPs, show both initiative and component

Certifications

I certify, to the best of my knowledge and belief, that no Federal appropriated funds have been paid, or will be paid, by or on behalf of the applicant, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress, in connection with the awarding of this Federal grant or its extension, renewal, amendment or modification. If funds other than Federal appropriated funds have or will be paid for influencing or attempting to influence the persons listed above, I shall complete and submit Standard Form-LLL, Disclosure Form to Report Lobbying. I certify that I shall require all sub awards at all tiers (including sub-grants and contracts) to similarly certify and disclose accordingly.

Federally recognized Indian Tribes and tribally designated housing entities (TDHEs) established by Federally-recognized Indian tribes as a result of the exercise of the tribe's sovereign power are excluded from coverage of the Byrd Amendment, but State-recognized Indian tribes and TDHEs established under State law are not excluded from the statute's coverage.

This application incorporates the Assurances and Certifications (HUD-424B) attached to this application or renews and incorporates for the funding you are seeking the Assurances and Certifications currently on file with HUD. To the best of my knowledge and belief, all information in this application is true and correct and constitutes material representation of fact upon which HUD may rely in awarding the agreement.

23. Signature of Authorized Official		Name (printed)	Robin Hughes
Title		Date (mm/dd/yyyy)	
Executive Director		6.12.03	

APPLICATION FOR FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED	Applicant Identifier
		3. DATE RECEIVED BY STATE	State Application Identifier
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier

5. APPLICANT INFORMATION	
Legal Name: <u>KEYES Fire Protection Dist.</u>	Organizational Unit:
Address (give city, county, State, and zip code): <u>PO BOX 577</u> <u>KEYES, CA 95328</u>	Name and telephone number of person to be contacted on matters involving this application (give area code) <u>EDDIE JONES (209) 634-8341 -work</u> <u>634-7690 -office</u>
6. EMPLOYER IDENTIFICATION NUMBER (EIN): <u>94-2645842</u>	7. TYPE OF APPLICANT: (enter appropriate letter in box) <div style="display: flex; justify-content: space-between;"> <div> A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District </div> <div> H. Independent School Dist. I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify) _____ </div> </div> <div style="text-align: right; font-size: 2em; margin-top: -20px;">G</div>
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) <input type="checkbox"/> <input type="checkbox"/> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other(specify): _____	
9. NAME OF FEDERAL AGENCY: <u>USDA - Rural Development</u>	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: <u>10-766</u> TITLE: <u>Community Facilities</u>	
11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: <u>FIRE Protection Equipment</u>	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): <u>KEYES FPD - map</u>	
13. PROPOSED PROJECT	14. CONGRESSIONAL DISTRICTS OF: <u>Dennis Cardoza</u>
Start Date Ending Date	a. Applicant <u>18</u> b. Project <u>18</u>
15. ESTIMATED FUNDING:	
a. Federal	\$ <u>31,275.00</u>
b. Applicant	\$ <u>10,425.00</u>
c. State	\$ _____
d. Local	\$ _____
e. Other	\$ _____
f. Program Income	\$ _____
g. TOTAL	\$ <u>41,700</u>
16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? <input checked="" type="radio"/> YES THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: <u>6/5/03</u> DATE _____ b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No	
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.	
a. Type Name of Authorized Representative <u>EDDIE JONES</u>	b. Title <u>Chief</u>
c. Telephone Number <u>(209) 634-8341</u>	d. Signature of Authorized Representative <u>Eddie Jones</u>
e. Date Signed <u>6/5/03</u>	

APPLICATION FOR FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED June 5, 2003	Applicant Identifier
		3. DATE RECEIVED BY STATE	State Application Identifier
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier

5. APPLICANT INFORMATION

Legal Name: Burbank Housing Development Corporation	Organizational Unit: Development Staff
Address 3432 Mendocino Avenue, Santa Rosa, Ca 95403	Name and telephone number of person to be contacted on matters involving this application

6. EMPLOYER IDENTIFICATION NUMBER

9	4	—	2	8	3	7	7	8	4
---	---	---	---	---	---	---	---	---	---

7. TYPE OF APPLICANT:

A. State	H. Independent School Dist.
B. County	I. State Controlled Institution of Higher Learning
C. Municipal	J. Private University
D. Township	K. Indian Tribe
E. Interstate	L. Individual
F. Intermunicipal	M. Profit Organization
G. Special District	N. Other (Specify) _____

N

8. TYPE OF APPLICATION:

☐ New ☐ Continuation ☐ Revision

If Revision, enter appropriate letter(s) in box(es)

A. Increase Award B. Decrease Award C. Increase Duration
 D. Decrease Duration Other _____

9. NAME OF FEDERAL AGENCY:

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:

1	0	—	4	2	0
---	---	---	---	---	---

TITLE: Section 523 Technical Assistance

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
 Provision of Technical Assistance for the Development of Mutual Self-Help Housing

RECEIVED
JUN 9 2003

12. AREAS AFFECTED BY PROJECT
 Calistoga, napa County, and Forestville, Sonoma County, Ca

13. PROPOSED PROJECT <table style="width:100%;"> <tr> <td>Start Date</td> <td>Ending Date</td> </tr> <tr> <td>7/1/03</td> <td>6/30/05</td> </tr> </table>	Start Date	Ending Date	7/1/03	6/30/05	14. CONGRESSIONAL DISTRICTS OF: <table style="width:100%;"> <tr> <td>a. Applicant</td> <td>b. Project</td> </tr> <tr> <td>FIRST DISTRICT</td> <td>FIRST AND SIXTH DISTRICTS</td> </tr> </table>	a. Applicant	b. Project	FIRST DISTRICT	FIRST AND SIXTH DISTRICTS
Start Date	Ending Date								
7/1/03	6/30/05								
a. Applicant	b. Project								
FIRST DISTRICT	FIRST AND SIXTH DISTRICTS								

15. ESTIMATED FUNDING:

a. Federal	\$	864,000 ⁰⁰
b. Applicant	\$	00 ⁰⁰
c. State	\$	00 ⁰⁰
d. Local	\$	00 ⁰⁰
e. Other	\$	00 ⁰⁰
f. Program Income	\$	00 ⁰⁰
g. TOTAL	\$	864,000 ⁰⁰

16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?
 a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:
 DATE _____
 b. No. ☐ PROGRAM IS NOT COVERED BY E. O. 12372
☐ OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?
☐ Yes If "Yes," attach an explanation. ☐ No

18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.

a. Type Name of Authorized Representative John Lowry	b. Title Executive Director	c. Telephone Number (707) 526-1020
Signature of Authorized Representative 		e. Date Signed 6/5/03

Figure 1: SF-424

OMB Approval No. 0348-0043

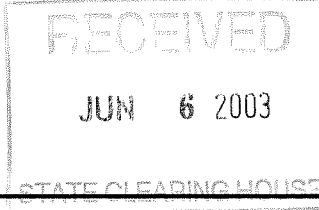
APPLICATION FOR
FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION:		2. DATE SUBMITTED	Applicant Identifier
Application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction	Preapplication <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction	3. DATE RECEIVED BY STATE	State Application Identifier
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
5. APPLICANT INFORMATION			
Legal Name: County of Sacramento		Organizational Unit: County Department of Economic Development	
Address (give city, county, State, and zip code): 3331 Peacekeeper Way McClellan, CA 95652		Name and telephone number of person to be contacted on matters involving this application (give area code) Paul Hahn (916) 874-5889 Katy Jacobson (916) 646-1746	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-6000529		7. TYPE OF APPLICANT: (enter appropriate letter in box) <input checked="" type="checkbox"/> B A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District H. Independent School Dist. I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify) _____	
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) <input type="checkbox"/> <input type="checkbox"/> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other(specify): _____		9. NAME OF FEDERAL AGENCY: U.S. Department of Commerce Economic Development Administration	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 11-300 TITLE: Public Works		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Phase II Infrastructure Improvements for the McClellan Park Microelectronics District (on Former McClellan Air Force Base)	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): McClellan AFB (closed); County of Sacramento, CA			
13. PROPOSED PROJECT		14. CONGRESSIONAL DISTRICTS OF: JUN 9 2003	
Start Date Award	Ending Date 2 years	a. Applicant 3rd, 4th, 5th, and 11th, CA	b. Project 3rd
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$ 5,000,000.00	a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE December 2002	
b. Applicant	\$ 5,000,000.00	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
c. State	\$.00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?	
d. Local	\$.00	<input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No	
e. Other	\$.00		
f. Program Income	\$.00		
g. TOTAL	\$ 10,000,000.00		
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Type Name of Authorized Representative Paul Hahn		b. Title Director	c. Telephone Number (916) 874-5889
d. Signature of Authorized Representative <i>Paul Hahn</i>		e. Date Signed 12-26-02	

Previous Edition Usable
Authorized for Local ReproductionStandard Form 424 (Rev. 7-97)
Prescribed by OMB Circular A-102

OMB Approval No. 0348-0043

Previous Edition Usable
Authorized for Local Reproduction

APPLICATION FOR OMB FEDERAL ASSISTANCE		2. DATE SUBMITTED 6/3/2003	APPLICANT IDENTIFIER n/a
1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction	Preapplication <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction	3. DATE RECEIVED BY STATE	State Application Identifier
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
5. APPLICANT INFORMATION			
Legal Name: Jillian Culjak		Organizational Unit: n/a	
Address (give city, county, State, and zip code): 10220 Encino Ave Northridge CA 91325 LA		Name and telephone number of person to be contacted on matters involving this application (give area code) 818-701-9532	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 58-2641904 56419082		7. TYPE OF APPLICANT: (enter appropriate letter in box) <input checked="" type="checkbox"/> L A. State H. Independent School Dist. B. County I. State Controlled Institution of Higher Learning C. Municipal J. Private University D. Township K. Indian Tribe E. Interstate L. Individual F. Intermunicipal M. Profit Organization G. Special District N. Other (Specify):	
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) <input type="checkbox"/> <input type="checkbox"/> A. Increase Award B. Decrease Award D. Decrease Duration C. Increase Duration Other(specify):		9. NAME OF FEDERAL AGENCY: federal government	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: - TITLE: n/a Grants		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: real property <div style="text-align: right;">  </div>	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.) : CA			
13. PROPOSED PROJECT		14. CONGRESSIONAL DISTRICTS OF:	
Start Date 6/3/2003	Ending Date 6/3/2003	a. Applicant la	b. Project la
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$ 300,000.00	a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 1237 <input checked="" type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW.	
b. Applicant	\$		
c. State	\$		
d. Local	\$		
e. Other	\$		
f. Program Income	\$		
g. TOTAL	\$ 300,000.00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If "Yes", attach an explanation.)	
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Type Name of Authorized Representative Jillian Culjak		b. Title n/a	c. Telephone Number 818-701-9532
d. Signature of Authorized Representative		e. Date Signed 6-4-03	

**APPLICATION FOR
FEDERAL ASSISTANCE**

1. TYPE OF SUBMISSION: <input type="checkbox"/> Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		2. DATE SUBMITTED 06/02/2003		Applicant Identifier	
<input type="checkbox"/> Preapplication <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE		State Application Identifier	
		4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier	
5. APPLICANT INFORMATION					
Legal Name: Regents of the University of CA			Organizational Unit: Police Department		
Address (give city, county, state, and zip code): 3333 California St., Suite 315 San Francisco, CA 94118			Name and telephone number of the person to be contacted on matters involving this application (give area code) Capt. Yolanda Morton Joan Kaiser (415) 476-8904 415-476-2977 police dept. Contracts and Grants		
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 9 4 - 6 0 3 6 4 9 3			7. TYPE OF APPLICANT: (enter appropriate letter in box) <input checked="" type="checkbox"/> I A. State H. Independent School Dist. B. County I. State Controlled Institution of Higher Learning C. Municipal J. Private University D. Township K. Indian Tribe E. Interstate L. Individual F. Intermunicipal M. Profit Organization G. Special District N. Other (Specify):		
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es): <input type="checkbox"/> <input type="checkbox"/> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other (specify):			9. NAME OF FEDERAL AGENCY: US DOJ, Office of Community Oriented Policing Services		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 1 6 . 7 1 0 TITLE: Public Safety and Community Policing Grants			11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Universal Hiring Program 2003 Office of Community Oriented Policing Services U.S. Department of Justice FY 7/1/03 - 6/30/04		
12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.): University of California, San Francisco City of San Francisco			<div>RECEIVED JUN 6 2003 STATE CLEARING HOUSE</div>		
13. PROPOSED PROJECT: Start Date Ending Date 09/01/2003 07/01/2004					
14. CONGRESSIONAL DISTRICTS OF: a. Applicant 8th Congressional District			b. Project 8th Congressional District		
15. ESTIMATED FUNDING: a. Federal \$ 450,000 .00 b. Applicant \$ 663,924 .00 c. State \$ 0 .00 d. Local \$ 0 .00 e. Other \$ 0 .00 f. Program Income \$ 0 .00 g. TOTAL \$ 1,113,924 .00			16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE 06/02/2003 b. NO. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
			17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No		
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED					
a. Typed Name of Authorized Representative Joan Kaiser			b. Title Contracts and Grants Officer		c. Telephone number 415-476-2977
d. Signature of Authorized Representative 			e. Date Signed 6/3/03		

Application for Federal Assistance

U.S. Department of Housing and Urban Development

OMB Approval No.2501-0017 (exp. 03/31/2005)

1. Type of Submission

☒ Application☐ Preapplication

2. Date Submitted 06/13/2003	4. HUD Application Number
3. Date and Time Received by HUD	5. Existing Grant Number
	6. Applicant Identification Number

7. Applicant's Legal Name Community Development Corporation of Oakland		8. Organizational Unit	
9. Address (give city, county, State, and zip code) A. Address: 5636 Shattuck Avenue B. City: Oakland C. County: Alameda D. State: CA E. Zip Code: 94609		10. Name, title, telephone number, fax number, and e-mail of the person to be contacted on matters involving this application (including area codes) A. Name: Larry Taylor B. Title: Chief Executive Officer C. Phone: 510-428-9345 D. Fax: 510-428-2745 E. E-mail: cdcoakland@aol.com	
11. Employer Identification Number (EIN) or SSN 94-3134294		12. Type of Applicant (enter appropriate letter in box) N I. University or College J. Indian Tribe K. Tribally Designated Housing Entity (TDHE) L. Individual M. Profit Organization N. Non-profit O. Public Housing Authority P. Other (Specify)	
13. Type of Application <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Renewal <input type="checkbox"/> Revision If Revision, enter appropriate letters in box(es) <input type="checkbox"/> <input type="checkbox"/> A. Increase Amount B. Decrease Amount C. Increase Duration D. Decrease Duration E. Other (Specify)		14. Name of Federal Agency U.S. Department of Housing and Urban Development	
15. Catalog of Federal Domestic Assistance (CFDA) Number 14-157 Title: Section 202 Component Title: Supportive Housing for the Elderly Program		16. Descriptive Title of Applicant's Program Section 202 provides capital advances to finance the construction and rehabilitation of structures that will serve as supportive housing for very low-income elderly persons and provides rent subsidies for the projects to help make them affordable. This project is a 33-unit affordable senior housing development in Oakland, Calif.	
17. Areas affected by Program (boroughs, cities, counties, States, Indian Reservation, etc.) Oakland, Calif.		18a. Proposed Program start date 7/22/03	
18b. Proposed Program end date 7/26/05		19a. Congressional Districts of Applicant 9th Calif.	
		19b. Congressional Districts of Program 9th Calif.	
20. Estimated Funding: Applicant must complete the Funding Matrix on Page 2.			
21. Is Application subject to review by State Executive Order 12372 Process? A. Yes <input checked="" type="checkbox"/> This preapplication/application was made available to the State Executive Order 12372 Process for review on: Date 6/6/03 B. No <input type="checkbox"/> Program is not covered by E.O. 12372 <input type="checkbox"/> Program has not been selected by State for review.			
22. Is the Applicant delinquent on any Federal debt? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If "Yes," explain below or attach an explanation.			

Funding Matrix

The applicant must provide the funding matrix shown below, listing each program for which HUD funding is being requested, and complete the certifications.

Grant Program*	HUD Share	Applicant Match	Other HUD Funds	Other Federal Share	State Share	Local/Tribal Share	Other	Program Income	Total
Section 202	3,833,600.00								3,833,602.00
AHP							160,000.00		160,000.00
City of Oakland						2,202,644.00			2,202,644.00
									0.00
									0.00
Grand Totals	3,833,600.00	0.00	0.00	0.00	0.00	2,202,644.00	160,000.00	0.00	6,196,244.00

* For FHIPs, show both initiative and component

Certifications

I certify, to the best of my knowledge and belief, that no Federal appropriated funds have been paid, or will be paid, by or on behalf of the applicant, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress, in connection with the awarding of this Federal grant or its extension, renewal, amendment or modification. If funds other than Federal appropriated funds have or will be paid for influencing or attempting to influence the persons listed above, I shall complete and submit Standard Form-LLL, Disclosure Form to Report Lobbying. I certify that I shall require all sub awardees at all tiers (including sub-grants and contracts) to similarly certify and disclose accordingly.

Federally recognized Indian Tribes and tribally designated housing entities (TDHEs) established by Federally-recognized Indian tribes as a result of the exercise of the tribe's sovereign power are excluded from coverage of the Byrd Amendment, but State-recognized Indian tribes and TDHEs established under State law are not excluded from the statute's coverage.

This application incorporates the Assurances and Certifications (HUD-424B) attached to this application or renews and incorporates for the funding you are seeking the Assurances and Certifications currently on file with HUD. To the best of my knowledge and belief, all information in this application is true and correct and constitutes material representation of fact upon which HUD may rely in awarding the agreement.

23. Signature of Authorized Official

Larry Taylor

Name (printed)

Larry Taylor

Title

Chief Executive Officer

Date (mm/dd/yyyy)

6/6/2003

Application for Federal Assistance

U.S. Department of Housing
and Urban Development

OMB Approval No.2501-0017 (exp. 03/31/2005)

1. Type of Submission

☒ Application ☐ Preapplication

2. Date Submitted

06/13/2003

4. HUD Application Number

3. Date and Time Received by HUD

5. Existing Grant Number

6. Applicant Identification Number

7. Applicant's Legal Name

Oakland Community Housing, Inc.

8. Organizational Unit

9. Address (give city, county, State, and zip code)

A. Address: 2030 Franklin Street, 6th Floor

B. City: Oakland

C. County: Alameda

D. State: CA

E. Zip Code: 94612

10. Name, title, telephone number, fax number, and e-mail of the person to be contacted on matters involving this application (including area codes)

A. Name: Dwight Dickerson

B. Title: Executive Director

C. Phone: (510) 763-7676

D. Fax: (510) 763-7730

E. E-mail: ddickerson@ochl.org

11. Employer Identification Number (EIN) or SSN

94-2377749

12. Type of Applicant (enter appropriate letter in box)

N

A. State

I. University or College

B. County

J. Indian Tribe

C. Municipal

K. Tribally Designated Housing Entity (TDHE)

D. Township

L. Individual

E. Interstate

M. Profit Organization

F. Intermunicipal

N. Non-profit

G. Special District

O. Public Housing Authority

H. Independent School District

P. Other (Specify)

13. Type of Application

☒ New ☐ Continuation ☐ Renewal ☐ Revision

If Revision, enter appropriate letters in box(es)

☐ ☐

A. Increase Amount B. Decrease Amount C. Increase Duration

D. Decrease Duration E. Other (Specify)

14. Name of Federal Agency

U.S. Department of Housing and Urban Development

15. Catalog of Federal Domestic Assistance (CFDA) Number

14 - 157

Title: Section 202

Component Title: Supportive Housing for the Elderly Program

16. Descriptive Title of Applicant's Program

Section 202 provides capital advances to finance the construction and rehabilitation of structures that will serve as supportive housing for very low-income elderly persons and provides rent subsidies for the projects to help make them affordable. This project is a 33-unit affordable senior housing development in Oakland, Calif.

17. Areas affected by Program (boroughs, cities, counties, States, Indian Reservation, etc.) Oakland, Calif.

18a. Proposed Program start date

7/22/03

18b. Proposed Program end date

7/26/05

19a. Congressional Districts of Applicant

9th Calif.

19b. Congressional Districts of Program

9th Calif.

20. Estimated Funding: Applicant must complete the Funding Matrix on Page 2.

21. Is Application subject to review by State Executive Order 12372 Process?

A. Yes ☒ This preapplication/application was made available to the State Executive Order 12372 Process for review on: Date 6/6/03

B. No ☐ Program is not covered by E.O. 12372

☐ Program has not been selected by State for review.

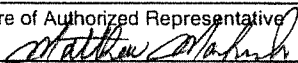
22. Is the Applicant delinquent on any Federal debt?

☒ No

☐ Yes If "Yes," explain below or attach an explanation.

APPLICATION FOR FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED 6/3/03	Applicant Identifier N/A
		3. DATE RECEIVED BY STATE	State Application Identifier N/A
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier Region 9 Tracking #03-259

5. APPLICANT INFORMATION		
Legal Name: City of Ripon	Organizational Unit: Municipal Corporation	
Address (give city, county, State, and zip code): 259 N. Wilma Avenue Ripon, CA 95366	Name and telephone number of person to be contacted on matters involving this application (give area code) 209/599-2108 Matthew Machado, City Engineer	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-6000406	7. TYPE OF APPLICANT: (enter appropriate letter in box) C	
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other(specify): _____	A. State H. Independent School Dist. B. County I. State Controlled Institution of Higher Learning C. Municipal J. Private University D. Township K. Indian Tribe E. Interstate L. Individual F. Intermunicipal M. Profit Organization G. Special District N. Other (Specify) _____	
	9. NAME OF FEDERAL AGENCY: U.S. Environmental Protection Agency	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 66-606 TITLE: Catalog of Federal Domestic Assistance	11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: To evaluate, design and construct treatment systems which comply with both the US EPA and Cal/EPA (AB 463) Drinking Water Standards-Arsenic.	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): City of Ripon: approximately 5 square miles San Joaquin Cty, California		
13. PROPOSED PROJECT	14. CONGRESSIONAL DISTRICTS OF: CA Assemblyman Agazarian, Dist. 26 US Congressman Pombo, Dist. 11; CA Senator Poochigian, Dist. 14	
Start Date Summer03 Ending Date Fall 05	a. Applicant City of Ripon b. Project Arsenic Treatment Systems	
15. ESTIMATED FUNDING:		
a. Federal \$ 433,700	16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE June 3, 2003 (Fax & US Mail) b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
b. Applicant \$ 354,845		
c. State \$		
d. Local \$		
e. Other \$		
f. Program Income \$		
g. TOTAL \$ 788,545		
17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No		
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.		
a. Type Name of Authorized Representative Matthew Machado	b. Title City Engineer	c. Telephone Number 209/599-2108
d. Signature of Authorized Representative 		e. Date Signed 6.3.03

DOT**FTA**

U.S. Department of Transportation

Federal Transit Administration

Application for Federal Assistance

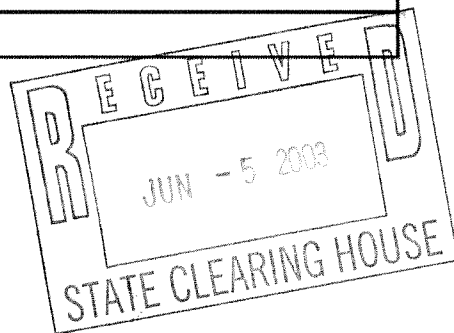
Recipient ID:	1652
Recipient Name:	LONG BEACH PUBLIC TRANSPORTATION COMPANY
Project ID:	CA-90-Y226
Budget Number:	1 - Budget Pending Approval
Project Information:	FY 2003 Sec 5307 (less MTOC), 15% Disc.,

Part 1: Recipient Information

Project Number:	CA-90-Y226
Recipient ID:	1652
Recipient Name:	LONG BEACH PUBLIC TRANSPORTATION COMPANY
Address:	P.O. BOX 731 , LONG BEACH, CA 90801 0000
Telephone:	(562) 591-8753
Facsimile:	(562) 591-2083

Union Information

Recipient ID:	1652
Union Name:	ATU
Address 1:	1951 SPRING ST
Address 2:	
City:	LONG BEACH, CA 90806 0000
Contact Name:	Barbara Gales
Telephone:	(562) 490-2334
Facsimile:	(562) 490-2336



Part 2: Project Information

Project Type:	Grant	Gross Project Cost:	\$13,726,719
Project Number:	CA-90-Y226	Adjustment Amt:	\$28,850
Project Description:	FY 2003 Sec 5307 (less MTOC), 15% Disc.,	Total Eligible Cost:	\$13,697,869
Recipient Type:	County Agency	Total FTA Amt:	\$11,170,982

FTA Project Mgr:	Ray Tellis	Total State Amt:	\$0
Recipient Contact:	Lisa Patton 562.599.8511	Total Local Amt:	\$2,526,887
New/Amendment:	None Specified	Other Federal Amt:	\$0
Amend Reason:	Initial Application	Special Cond Amt:	\$0
Fed Dom Asst. #:	20507	Special Condition:	None Specified
Sec. of Statute:	5307	S.C. Tgt. Date:	None Specified
State Appl. ID:	None Specified	S.C. Eff. Date:	None Specified
Start/End Date:	-	Est. Oblig Date:	None Specified
Recvd. By State:		Pre-Award Authority?:	Yes
EO 12372 Rev:	YES	Fed. Debt Authority?:	No
Review Date:	None Specified	Final Budget?:	No
Planning Grant?:	NO		
Program Date (STIP/UPWP/FTA Prm Plan) :	Oct. 04, 2002		
Program Page:	20-24, #73209v1		
Application Type:	Electronic		
Supp. Agreement?:	Yes		
Debt. Delinq. Details:			

Urbanized Areas

UZA ID	UZA Name
60020	LOS ANGELES--LONG BEACH--SANTA ANA, CA

Congressional Districts

State ID	District Code	District Official
6	37	Juanita Millender-McDon
6	38	Grace F Napolitano
6	39	Linda T Sanchez

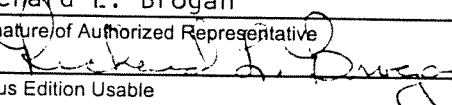
Project Details

PROJECT DESCRIPTION:

- * Bus Components/Engines -- LA973028
- * Bus Stop Amenities -- LA973029
- * Transit Mall Info System & Regional Signage -- LA0D16
- * Information Systems/EDP Equipment -- LA0b0842
- * Facility Improvements -- LA900514
- * Fleet Replacement
- 9200's -- LA0D18
- 9300's -- LA0D19

APPLICATION FOR FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

		2. DATE SUBMITTED June 2, 2003	Applicant Identifier														
1. TYPE OF SUBMISSION: <input type="checkbox"/> Application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction	<input type="checkbox"/> Preapplication <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction	3. DATE RECEIVED BY STATE	State Application Identifier														
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier														
5. APPLICANT INFORMATION																	
Legal Name: County of Fresno		Organizational Unit: Department of Public Works and Planning															
Address (give city, county, State, and zip code): 2220 Tulare Street, 8th Floor Fresno, CA 93721		Name and telephone number of person to be contacted on matters involving this application (give area code) John Popp, (559) Senior Economic Development Analyst 262-4292															
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-6000512		7. TYPE OF APPLICANT: (enter appropriate letter in box) <div style="float:right; border: 1px solid black; padding: 2px;">B</div> <table style="width:100%;"><tr><td>A. State</td><td>H. Independent School Dist.</td></tr><tr><td>B. County</td><td>I. State Controlled Institution of Higher Learning</td></tr><tr><td>C. Municipal</td><td>J. Private University</td></tr><tr><td>D. Township</td><td>K. Indian Tribe</td></tr><tr><td>E. Interstate</td><td>L. Individual</td></tr><tr><td>F. Intermunicipal</td><td>M. Profit Organization</td></tr><tr><td>G. Special District</td><td>N. Other (Specify) _____</td></tr></table>		A. State	H. Independent School Dist.	B. County	I. State Controlled Institution of Higher Learning	C. Municipal	J. Private University	D. Township	K. Indian Tribe	E. Interstate	L. Individual	F. Intermunicipal	M. Profit Organization	G. Special District	N. Other (Specify) _____
A. State	H. Independent School Dist.																
B. County	I. State Controlled Institution of Higher Learning																
C. Municipal	J. Private University																
D. Township	K. Indian Tribe																
E. Interstate	L. Individual																
F. Intermunicipal	M. Profit Organization																
G. Special District	N. Other (Specify) _____																
8. TYPE OF APPLICATION: <div style="text-align: center;"><input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision</div> <div style="text-align: center;">If Revision, enter appropriate letter(s) in box(es) <input type="checkbox"/> <input type="checkbox"/></div> <div>A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other(specify): _____</div>		9. NAME OF FEDERAL AGENCY: U.S.D.A. Rural Business Cooperative Service															
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: <div style="text-align: center;">10-773</div> TITLE: Rural Business Opportunity Grant		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Golden State Corridor Manufacturing/Visitor Oriented Development Strategy															
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Cities of Fowler, Kingsburg, and Selma and adjacent unincorporated areas of Fresno County		<div style="border: 2px solid black; padding: 10px; transform: rotate(-5deg); display: inline-block;">RECEIVED JUN - 5 2003 STATE CLEARING HOUSE</div>															
13. PROPOSED PROJECT																	
14. CONGRESSIONAL DISTRICTS OF:																	
Start Date 10/01/03	Ending Date 09/30/04	a. Applicant 18, 19, 20, 21															
		b. Project 20 & 21															
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?															
a. Federal	\$ 50,000⁰⁰	a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE 05/30/03 b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW															
b. Applicant	\$ 00⁰⁰																
c. State	\$ 00⁰⁰																
d. Local	\$ 00⁰⁰																
e. Other	\$ 00⁰⁰																
f. Program Income	\$ 00⁰⁰																
g. TOTAL	\$ 50,000⁰⁰	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <div style="text-align: right;"><input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No</div>															
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.																	
a. Type Name of Authorized Representative Richard L. Brogan		b. Title Director															
c. Telephone Number (559) 262-4168		e. Date Signed May 22, 2003															
d. Signature of Authorized Representative 																	

OMB Approval No. 0348-0043

APPLICATION FOR FEDERAL ASSISTANCE

1. Type of Submission: Application Preapplication ____ Construction ____ Construction <u>X</u> Nonconstruction ____ Nonconstruction		2. Date Submitted	Applicant Identifier
5. Applicant Information: Legal Name and Address: (give city, county, state, and zip code) State Water Resources Control Board 1001 I Street, Sacramento County Sacramento, California 95814		3. Date Rec'd by State	State Application Identifier
6. Employer Identification Number (EIN): 68--0281986		4. Date Rec'd by Federal	Federal Identifier
8. Type of Application: <u>X</u> New ____ Revision ____ Continuation If Revision, enter appropriate letter(s): ____ A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other (specify) _____		7. Type of Applicant: (enter appropriate letter) <u>A</u> A. State H. Independent School District B. County I. State Institute of Higher Learning C. Municipal J. Private University D. Township K. Indian Tribe E. Interstate L. Individual F. Intermunicipal M. Profit Organization G. Special District N. Other (specify) _____	
10. Catalog of Federal Domestic Assistance Number 66.804 Title: State and Tribal Underground Storage Tanks Program		9. Name of Federal Agency: U. S. Environmental Protection Agency	
12. Area Affected by Project: (cities, counties, states, etc.) California		11. Descriptive Title of Applicant's Project: Develop and implement regulatory programs for the prevention, detection, and correction of releases from UST systems containing petroleum or hazardous substances regulated under the Resource Conservation and Recovery Act (RCRA) Subtitle I.	
13. Proposed Project: Start Date End Date 7/1/02 6/30/04		14. Congressional District of: Applicant: Project: 3 California - All	
15. ESTIMATED FUNDING: a. Federal \$247,600 b. Applicant \$0 c. State \$82,533 d. Local \$0 e. Other \$0 f. Program Income \$0 g. TOTAL \$330,133		16. Is the application subject to review by the State Executive Order (EO) 12372 process? a. YES: <u>X</u> This application/preapplication was made available to the State EO 12372 process for review on: Date: June 5, 2003 b. NO: ____ Program is not covered by EO # 12372 ____ Program has not been selected by the state for review.	
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BOARD OF THE APPLICANT, AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.		17. Is the applicant delinquent on any Federal debt? ____ YES, attach explanation ____ NO	
a. Typed Name of Authorized Representative Celeste Cantú		b. Title: Executive Director	c. Telephone Number (916) 341-5615
d. Signature of Authorized Representative		e. Date Signed:	

APPLICATION FOR FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

1. TYPE OF SUBMISSION:		2. DATE SUBMITTED June 5, 2003	Applicant Identifier 050000000
Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction	Preapplication <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction	3. DATE RECEIVED BY STATE	State Application Identifier
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
5. APPLICANT INFORMATION			
Legal Name: California Department of Corrections		Organizational Unit: Legislative Liaison Office	
Address (give city, county, State, and zip code): P.O. Box 942883 Sacramento, CA 942883		Name and telephone number of person to be contacted on matters involving this application (give area code) William R. Crane (916) 445-4143	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94 — 6001347		7. TYPE OF APPLICANT: (enter appropriate letter in box) A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District H. Independent School Dist. I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify) _____ A	
8. TYPE OF APPLICATION: <input type="checkbox"/> New <input checked="" type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) <input type="checkbox"/> <input type="checkbox"/> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other(specify): _____		9. NAME OF FEDERAL AGENCY: Department of Justice, Bureau of Justice Assistance	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 16 — 606 TITLE: State Criminal Alien Assistance Program		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: State Criminal Alien Assistance Program (SCAAP), Federal Fiscal Year 2003	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): N/A		<div style="border: 1px solid black; padding: 5px; text-align: center;"> RECEIVED JUN 5 2003 STATE CLEARING HOUSE </div>	
13. PROPOSED PROJECT			
Start Date	Ending Date	14. CONGRESSIONAL DISTRICTS OF:	
		a. Applicant Statewide	b. Project Statewide
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$ approx. \$62 million ⁰⁰	a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE 06/05/03	
b. Applicant	\$ ⁰⁰	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
c. State	\$ ⁰⁰	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?	
d. Local	\$ ⁰⁰	<input type="checkbox"/> Yes If "Yes," attach an explanation. <input type="checkbox"/> No	
e. Other	\$ ⁰⁰		
f. Program Income	\$ ⁰⁰		
g. TOTAL	\$ approx. \$62 million ⁰⁰		
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Type Name of Authorized Representative Michael B. Neal		b. Title Legislative Liaison	c. Telephone Number (916) 445-4737
d. Signature of Authorized Representative		e. Date Signed 6-5-03	

Previous Edition Usable

Authorized for Local Reproduction

Standard Form 424 (Rev. 7-97)
Prescribed by OMB Circular A-102

APPLICATION FOR
FEDERAL ASSISTANCE

OMB Approval No. C348-0043

1. TYPE OF SUBMISSION: <input type="checkbox"/> Application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED June 5, 2003		Applicant Identifier	
3. DATE RECEIVED BY STATE		State Application Identifier			
4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier			
5. APPLICANT INFORMATION					
Legal Name: County of Colusa			Organizational Unit: Planning and Building Administration		
Address (give city, county, State, and zip code): 220 12th Street Colusa, Colusa County, CA 95932			Name and telephone number of person to be contacted on matters involving this application (give area code): Clifford Walker, Jr. 209-419-1990		
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-6000508			7. TYPE OF APPLICANT: (enter appropriate letter in box) 3		
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) <input type="checkbox"/> <input type="checkbox"/> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other(specify):			A. State H. Independent School Dist. B. County I. State Controlled Institution of Higher Learning C. Municipal J. Private University D. Township K. Indian Tribe E. Interstate L. Individual F. Intermunicipal M. Profit Organization G. Special District N. Other (Specify)		
9. NAME OF FEDERAL AGENCY: USDA - Rural Development			10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 10-766 TITLE: Community Facilities Loans		
11. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Colusa County			12. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Historic Colusa County Courthouse Renovation and Criminal Justice Facility Expansion JUN 5 2003 STATE CLEARING HOUSE		
13. PROPOSED PROJECT		14. CONGRESSIONAL DISTRICTS OF:			
Start Date 9/1/03	Ending Date 6/1/05	a. Applicant Herger (2nd Dist.), Feinstein, Boxer			
15. ESTIMATED FUNDING:		b. Project (same)			
a. Federal \$ 2,316,000		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?			
b. Applicant \$ 0		a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE 06/05/03			
c. State \$ 0		b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW			
d. Local \$ 0		17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?			
e. Other \$ 0		<input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No			
f. Program Income \$ 0		18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
g. TOTAL \$ 2,316,000		a. Type Name of Authorized Representative Stephen Hackney		b. Title Director of Planning & Building	
		c. Telephone Number (530) 458-0480		d. Date Signed June 6, 2003	
		e. Signature of Authorized Representative 		f. Standard Form 424 (Rev. 7-97) Prescribed by CMS Circular A-102	

OMB Approval No. 0348-0043

APPLICATION FOR FEDERAL ASSISTANCE

1. Type of Submission: Application _____ Preapplication _____ Construction _____ Construction _____ <u>X</u> Nonconstruction _____ Nonconstruction _____		2. Date Submitted	Applicant Identifier
		3. Date Rec'd by State	State Application Identifier
		4. Date Rec'd by Federal	Federal Identifier DE-FG03-95SF20574-A009
5. Applicant Information: Legal Name and Address: (give city, county, state, and zip code) State Water Resources Control Board 1001 I Street, Sacramento County Sacramento, California 95814		Organizational Unit: Central Valley Regional Water Quality Control Board Name and telephone of person to be contacted on matters involving this application (give area code): Susan Timm (916) 255-3057	
6. Employer Identification Number (EIN): 68--0281986		7. Type of Applicant: (enter appropriate letter) <u>A</u> A. State H. Independent School District B. County I. State Institute of Higher Learning C. Municipal J. Private University D. Township K. Indian Tribe E. Interstate L. Individual F. Intermunicipal M. Profit Organization G. Special District N. Other (specify)	
8. Type of Application: ___ New ___ X ___ Revision ___ Continuation If Revision, enter appropriate letter(s): <u>A</u> <u>C</u> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other (specify) _____		9. Name of Federal Agency: U. S. Environmental Protection Agency	
10. Catalog of Federal Domestic Assistance Number 66.606 Title: Surveys, Studies, Investigations and Special Purpose Grants		11. Descriptive Title of Applicant's Project: Perform water quality oversight of DOE environmental restoration and compliance activities.	
12. Area Affected by Project: (cities, counties, states, etc.) California			
13. Proposed Project: Start Date End Date 7/1/03 12/31/06		14. Congressional District of: Applicant: Project: 3 California - All	
15. ESTIMATED FUNDING: a. Federal \$356,900 b. Applicant \$0 c. State \$0 d. Local \$0 e. Other \$0 f. Program Income \$0 g. TOTAL \$356,900		16. Is the application subject to review by the State Executive Order (EO) 12372 process? a. YES: <u>X</u> This application/preapplication was made available to the State EO 12372 process for review on: Date: June 5, 2003 b. NO: _____ Program is not covered by EO # 12372 _____ Program has not been selected by the state for review.	
		17. Is the applicant delinquent on any Federal debt? _____ YES, attach explanation _____ NO	
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BOARD OF THE APPLICANT, AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Typed Name of Authorized Representative Celeste Cantú		b. Title: Executive Director	c. Telephone Number (916) 341-5615
d. Signature of Authorized Representative			e. Date Signed:

RECEIVED
JUN 5 2003
STATE CLEARING HOUSE

OMB Approval No 0348-0043

APPLICATION FOR FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION		2. DATE SUBMITTED	Applicant Identifier
<input type="checkbox"/> Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		6/9/2003	
<input type="checkbox"/> Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE	State Application Identifier
		4. DATE RECEIVED BY AGENCY	Federal Identifier
5. APPLICANT INFORMATION			
Legal Name:		Organizational Unit:	
Knotts Group Homes, Incorporated			
Address (give city, county, state and zip code):		Name and telephone of the person to be contacted on matters involving this application (give area code)	
1505 W. Highland Avenue, Suite #16 San Bernardino, Ca. 92411		Carmen Webster (909) 880-0600	
6. EMPLOYER IDENTIFICATION NUMBER (EIN):		7. TYPE OF APPLICANT: (enter appropriate letter in box)	
3 3 - 0 2 4 8 8 5 1		N	
8. TYPE OF APPLICATION		A. State C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District	
<input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision		H. Independent School Dist. J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify):	
If Revision, enter appropriate letter(s) in box(es)		Private Non-Profit Organization	
A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration E. Other (specify):			
9. NAME OF FEDERAL AGENCY:			
DEPARTMENT OF HEALTH AND HUMAN SERVICES, ADMINISTRATION FOR CHILDREN AND FAMILIES			
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NO.		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:	
9 3 - 5 5 0		Transitional Living Program for San Bernardino County youth, 16-21 years and baby (if applicable). Eighteen month self-sufficiency/independent living skills training and placement program with post program checks and success reinforcement system.	
TITLE: RUNAWAY AND HOMELESS YOUTH PROGRAMS			
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):			
State of California, County of San Bernardino, Accessible to youth from all cities within San Bernardino County.			
13. PROPOSED PROJECT		14. CONGRESSIONAL DISTRICTS OF:	
Start Date Ending Date		a. Applicant	
10/1/04 9/30/05		43rd Congressional District, Congressman Joe Baca	
		b. Project	
		New Directions Transitional Living Program	
15. ESTIMATED FUNDING		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$200,000.00	a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:	
b. Applicant	\$0.00	DATE 06/05/2003	
c. State	\$0.00	b. NO. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372	
d. Local	\$0.00	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
e. Other	(In-Kind) \$20,000.00		
f. Program Income	\$0.00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?	
g. TOTAL	\$220,000.00	<input type="checkbox"/> Yes, If "Yes", attach an explanation <input checked="" type="checkbox"/> No	
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED			
a. Typed Name of Authorized Representative		b. Title	c. Telephone
Gwen Knotts		Executive Director	(909) 880-0600
d. Signature of Authorized Representative		e. Date Signed	
<i>Gwen Knotts</i>		6/3/03	

**APPLICATION FOR
FEDERAL ASSISTANCE**

2. DATE SUBMITTED

June 5, 2003

Applicant Identifier

1. TYPE OF SUBMISSION

Application

☐ Construction

Preapplication

☐ Construction☒ Non-Construction☐ Non-Construction

3. DATE RECEIVED BY STATE

State Application Identifier

4. DATE RECEIVED BY FEDERAL AGENCY

Federal Identifier

5. APPLICANT INFORMATION

Legal Name:

Fresno County Economic Opportunities Commission

Address (give city, county, state, and zip code)

1920 Mariposa Mall - Suite 300
Fresno, CA 93721

Organizational Unit

Same

Name and telephone number of the person to be contacted on matters involving this application (give area code)

Alma Kowalski, Assistant Executive Director

Phone - (559) 263-1110

Fax - (559) 263-1187

6. EMPLOYER IDENTIFICATION NUMBER (EIN)

94 - 1606519

8. TYPE OF APPLICATION:

☒ New Continuation

Revision

If Revision, enter appropriate letter(s) in box(es):

A. Increase Award

B. Decrease Award

C. Increase Duration

D. Decrease Duration

Other (specify):

7. TYPE OF APPLICATION: (enter appropriate letter in box) N

A. State

B. County

C. Municipal

D. Township

E. Interstate

F. Intermunicipal

G. Special District

H. Independent School Dist.

I. State Controlled Institution of Higher Learning

J. Private University

K. Indian Tribe

L. Individual

M. Profit Organization

N. Other (Specify) Private non-profit

9. NAME OF FEDERAL AGENCY:

Administration on Children, Youth & Families

Administration for Children & Families

Department of Health & Human Services

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:
93-550

Title: TRANSITIONAL LIVING PROGRAM

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

EOC Sanctuary Transitional Living Center

12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.):
Fresno, Fresno County(11) B: Transitional Living Program (TLP)
for Homeless Youth

13. PROPOSED PROJECT:

Start Date
10/01/03Ending Date
09/03/08

14. CONGRESSIONAL DISTRICTS OF:

a. Applicant
20

b. Project

18, 19, 20, 21

15. ESTIMATED FUNDING:

a. Federal

1,000,000

b. Applicant

0

c. State

0

d. Local

0

e. Other

100,000

f. Program Income

0

g. TOTAL

\$1,100,000

16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?

a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE
STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:

DATE: June 5, 2003

b. NO PROGRAM IS NOT COVERED BY E.O. 12372

OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?

If "Yes" attach an explanation

No X

18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.

a. Typed Name of Authorized Representative

Roger Palomino

b. Title

EOC Executive Director

c. Telephone number

(559) 263-1010

d. Signature of Authorized Representative

e. Date Signed

06/05/03

Authorized for Local Reproduction

APPLICATION FOR FEDERAL ASSISTANCE

OMB Approval No. 0348-0041

1. TYPE OF SUBMISSION: <input checked="" type="checkbox"/> Application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED May 28, 2003	Applicant Identifier
<input type="checkbox"/> Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE	State Application Identifier
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier

5. APPLICANT INFORMATION

6. Local Name Long Beach Community College District	Organizational Unit Economic & Resource Development
Address (give city, county, State, and zip code) 4001 E. Carson Street Long Beach, CA 90808	Name and telephone number of person to be contacted on matters involving this application (give area code) Ms. Sheneui Sloan, 562/938-5004

6. EMPLOYER IDENTIFICATION NUMBER (EIN)

19-5-26541-1

JUN - 6 2003

7. TYPE OF APPLICATION:

☒ New

STATE CLEARING HOUSE

8. Reason: enter appropriate letter(s) in box(es)

A. Increase Award B. Decrease Award C. Increase Duration
D. Decrease Duration Other (specify):

7. TYPE OF APPLICANT: (enter appropriate letter in box)

A. State H. Independent School Dist.
B. County I. State Controlled Institution of Higher Learning
C. Municipal J. Private University
D. Township K. Indian Tribe
E. Interstate L. Individual
F. Intermunicipal M. Profit Organization
G. Special District N. Other (Specify)

9. NAME OF FEDERAL AGENCY:

Small Business Administration

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:

59 0317

11. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.)

Los Angeles & Ventura Counties
Santa Barbara

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

Small Business Development
Center (Lead Center)
Los Angeles District Office

12. PROPOSED PROJECT

14. CONGRESSIONAL DISTRICTS OF:

23, 24, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 36, 37, 53

Starting Date Ending Date

a. Applicant

12/03-12/31/03 Long Beach City College

b. Project

Small Business Development Center

13. ESTIMATED FUNDING

\$3,030,487

15. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?

a. YES THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON

DATE May 28, 03

b. No ☐ PROGRAM IS NOT COVERED BY E.O. 12372
☐ OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?

☐ Yes If "Yes," attach an explanation.

☒ No

18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.

19. Name of Authorized Representative

Jon Kehoe

b. Title

Superintendent-President

c. Telephone Number

562/938-4121

20. Signature of Authorized Representative

Jon Kehoe

d. Date Signed

May 28, 2003

Printed Name (Last, First, Middle Initial)

Printed Name of Local Responsible Party

Standard Form 424 (Rev. 7-97)

Prescribed by OMB Circular A-101

APPLICATION FOR FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

1. TYPE OF SUBMISSION: <input type="checkbox"/> Application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED May 28, 2003	Applicant Identifier
		3. DATE RECEIVED BY STATE	State Application Identifier
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier

5. APPLICANT INFORMATION

Legal Name: Long Beach Community College District

Address (give city, county, State, and zip code):
4901. E. Carson Street
Long Beach, CA 90808

6. EMPLOYER IDENTIFICATION NUMBER (EIN):
95-2654140

7. TYPE OF APPLICATION:
☒ New ☐ Continuation ☐ Revision

8. Division, enter appropriate letter(s) in box(es):
☐ A. Increase Award ☐ B. Decrease Award ☐ C. Increase Duration
☐ D. Decrease Duration ☐ Other(specify):

Organizational Unit:
Economic & Resource Development

Name and telephone number of person to be contacted on matters involving this application (give area code):
Ms. Sheneui Sloan, 562/938-5004

9. NAME OF FEDERAL AGENCY:
Small Business Administration

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:
519-0137

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
Small Business Development Center (Lead Center)
Los Angeles District Office

12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):
Los Angeles & Ventura Counties
Santa Barbara

13. PROPOSED PROJECT

Start Date	Ending Date	a. Applicant	b. Project
<u>7/1/04</u>	<u>12/31/04</u>	<u>Long Beach City College</u>	<u>Small Business Development Center</u>

14. CONGRESSIONAL DISTRICTS OF:
23, 24, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 36, 37, 53

15. ESTIMATED FUNDING:

Federal	\$ <u>2,743,972</u>
Applicant	\$ <u>1,048,646</u>
State	\$ <u>0</u>
Local	\$ <u>0</u>
Other	\$ <u>2,048,627</u>
Program Income	\$ <u>48,000</u>
Total	\$ <u>5,889,245</u>

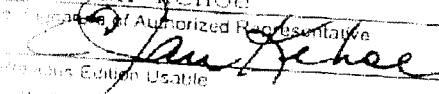
16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?

a. YES THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:
 DATE May 28, 03

b. No. ☐ PROGRAM IS NOT COVERED BY E.O. 12372
☐ OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?
☐ Yes If "Yes," attach an explanation. ☒ No

18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.

a. Name of Authorized Representative <u>Jan Kehoe</u>	b. Title <u>Superintendent-President</u>	c. Telephone Number <u>562/938-4121</u>
d. Signature of Authorized Representative 	e. Date Signed <u>May 28, 2003</u>	

Standard Form 424 (Rev. 7-97)
Prescribed by OMB Circular A-102

I. General Information

Applicant Organization's Legal Name:

City of Riverside

Applicant Agency ORI Number: C A 0 3 3 1 3

The ORI number is assigned to your agency by the FBI for purposes of UCR crime reporting. It begins with your state abbreviation followed by five digits. If your agency does not have an ORI number, leave this blank, and the COPS Office will assign one to you. For further clarification, please refer to your Application Instructions Manual on page 13.

Applicant Agency EIN Number: 9 5 6 0 0 0 7 6 9

The EIN number is assigned to your agency by the Internal Revenue Service (IRS) and consists of nine digits. If the Office of Justice Programs has assigned your department an EIN number, please use that assigned number. Otherwise, your IRS EIN number should be used. For further clarification, please refer to your Application Instructions Manual on page 13.

Federal Congressional District Number: 43

Do not substitute state or local congressional districts. If your agency spans more than one congressional district, please list all those districts above.

Is your agency contracting for law enforcement services? ☐ Yes ☒ No

If "yes," enter the name and agency information of the contract law enforcement department in the Executive Information section on page 3. For further clarification in determining if this applies to your agency, please see page 13 of the Application Instructions Manual.

In the space below, please provide a brief explanation of your agency's inability to implement this project without federal assistance.

These funds would greatly enhance the ability of
the Riverside Police Department to deploy officers
to respond to terrorist threats, conduct periodic
checks of critical facilities such as water reser-
voirs, utility substations, Federal, State and
local government buildings and courts. Our current
Mobile Field Force is comprised of field officers
who, when called up, create a manpower shortage
for all other calls for service. Additionally,
the resources of the department have been strained
due to requirements in the Stipulated Judgment
from the State Attorney General.

II. Executive Information

The law enforcement and government executives that appear in this section must be those individuals who will have ultimate financial and programmatic authority for this grant. Typically, these are the highest-ranking officials within your jurisdiction (e.g., Chief of Police, Sheriff, or equivalent for law enforcement executives, and Mayor, City Administrator, or equivalent for government executives). Listing individuals without ultimate financial and programmatic authority for the grant could delay the review of your application, or remove your application from consideration.

Law Enforcement Executive's Name: Russ Leach
 Title: Chief of Police Agency Name: Riverside Police Dept.
 Address: 4102 Orange St.

City: Riverside State: CA Zip Code: 92501
 Telephone: (909) 826-5940 Fax: (909) 826-5360
 E-mail (if applicable): rleach@ci.riverside.ca.us

Type of Law Enforcement Agency:

- ☒ Municipal ☐ State ☐ County Police Department
☐ Sheriff* ☐ Tribal ☐ Transit*
☐ School*
☐ University/College* Please indicate: (☐ Public or ☐ Private)
☐ Public Housing* ☐ New Start-Up* (please specify): _____
☐ Other* (please specify): _____

* Agency types with an asterisk next to them must complete the additional questionnaire found at the back of this Application Booklet, and include it with the application. Refer to page 3 of the Application Instructions Manual for more information.

Government Executive's Name: George A. Carvalho
 Title: City Mgr. Name of Government Entity: City of Riverside
 Address: 3900 Main St.

City: Riverside State: CA Zip Code: 92501
 Telephone: (909) 826-5761 Fax: (909) 826-5470
 E-mail (if applicable): gcarvalho@ci.riverside.ca.us

Type of Government Entity:

- ☐ State ☒ City ☐ Town ☐ County
☐ Village ☐ Borough ☐ Township ☐ Territory
☐ Region ☐ Council ☐ Community ☐ Pueblo
☐ Nation ☐ School District
☐ Other (please specify): _____

Contact Information:

Contact person in your department who is familiar with this grant:

Name: Linda Fonz
 Title: Sr. Management Analyst
 Telephone: (909) 826-5869 Fax: (909) 826-5360
 E-mail (if applicable): lfonze@ci.riverside.ca.us

III. Department Information

Population served as of 2000 U.S. Census: 255,166

If the population that your agency serves is not represented by U.S. Census figures (e.g., colleges, special departments, etc.), please indicate the size of the population served here: _____

Square miles covered by your agency: 85.6

Exclude the population and square miles primarily served by other law enforcement agencies within your jurisdiction. For example, a sheriff's department must exclude populations and areas covered by a city police department for which the sheriff's department has no primary law enforcement authority.

Current budgeted locally-funded sworn force strength as of the date of application: Full-time officers: 353 Part-time officers: -0-

The budgeted locally-funded sworn force strength is the number of sworn officer positions your department has allocated for its budget, including state and locally-funded vacancies. Do not include unpaid/reserve officers, COPS-funded positions (unless they are in the locally-funded retention period), or detention staff.

Current actual locally-funded sworn force strength as of the date of application: Full-time officers: 342 Part-time officers: -0-

The actual locally-funded sworn force strength is the actual number of sworn officer positions employed by your department as of the date of application. Do not include vacant state or locally-funded positions, COPS-funded positions (unless they are in the locally-funded retention period), or unpaid/reserve positions.

IV. Officer Request Information

What is the total number of new officer position(s) your agency is applying for with this Universal Hiring Program application?

Full-time: 9 Part-time: 0

Your request should be consistent with your agency's law enforcement needs. Do not request more positions than your agency can realistically support.

*Total amount of federal funds requested for all full-time and part-time officers:
\$ 675,000

From Page 31, Box A on Budget Information Worksheets

*Total non-federal matching funds required (local share):

\$ 1,589,463

From Page 31, Box B on Budget Information Worksheets

**To answer these questions, complete and refer to the Universal Hiring Program 2003 Budget Information Worksheets provided in this Application Booklet.*

Is your agency requesting a waiver of the local match requirement due to severe fiscal distress?

[] Yes [X] No

If "yes," you must provide written justification as required per the Universal Hiring Program Waiver Information Worksheet. For further information, please refer to the "Guidelines for Waivers of the Local Match" section in the Application Instructions Manual, page 5. Requests for a waiver of the local match submitted without supporting documentation will not be considered.

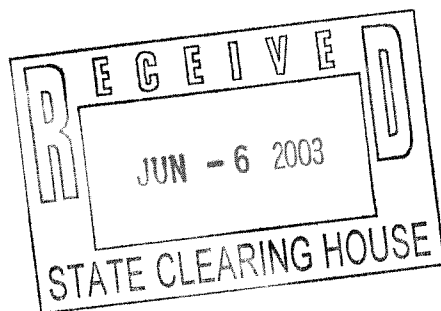
Universal Hiring Program Application Booklet

I. General Information

Applicant Organization's Legal Name:

Lompoc Police DepartmentApplicant Agency ORI Number: CA 0420200

The ORI number is assigned to your agency by the FBI for purposes of UCR crime reporting. It begins with your state abbreviation followed by five digits. If your agency does not have an ORI number, leave this blank, and the COPS Office will assign one to you. For further clarification, please refer to your Application Instructions Manual on page 13.

Applicant Agency EIN Number: 95-6000734

The EIN number is assigned to your agency by the Internal Revenue Service (IRS) and consists of nine digits. If the Office of Justice Programs has assigned your department an EIN number, please use that assigned number. Otherwise, your IRS EIN number should be used. For further clarification, please refer to your Application Instructions Manual on page 13.

Federal Congressional District Number: 24th

Do not substitute state or local congressional districts. If your agency spans more than one congressional district, please list all those districts above.

Is your agency contracting for law enforcement services? ☐ Yes ☒ No

If "yes," enter the name and agency information of the contract law enforcement department in the Executive Information section on page 3. For further clarification in determining if this applies to your agency, please see page 13 of the Application Instructions Manual.

In the space below, please provide a brief explanation of your agency's inability to implement this project without federal assistance.

There is a lack of general fund monies to
sufficiently support the need to hire officers
to keep up with the residential growth of our
community. The lack of General Fund revenues has
been created by a budget crisis in the State of
California.

Application Form

II. Executive Information

The law enforcement and government executives that appear in this section must be those individuals who will have ultimate financial and programmatic authority for this grant. Typically, these are the highest-ranking officials within your jurisdiction (e.g., Chief of Police, Sheriff, or equivalent for law enforcement executives, and Mayor, City Administrator, or equivalent for government executives). Listing individuals without ultimate financial and programmatic authority for the grant could delay the review of your application, or remove your application from consideration.

Law Enforcement Executive's Name: William F. Brown, Jr.
 Title: Chief of Police Agency Name: Lompoc Police Department
 Address: 107 Civic Center Plaza
 City: Lompoc State: CA Zip Code: 93436
 Telephone: (805) 736-2341 Fax: (805) 875-8047
 E-mail (if applicable): w_brown@ci.lompoc.ca.us

Type of Law Enforcement Agency:

- ☒ Municipal ☐ State ☐ County Police Department
☐ Sheriff* ☐ Tribal ☐ Transit*
☐ School*
☐ University/College* Please indicate: (☐ Public or ☐ Private)
☐ Public Housing* ☐ New Start-Up* (please specify): _____
☐ Other* (please specify): _____

* Agency types with an asterisk next to them must complete the additional questionnaire found at the back of this Application Booklet, and include it with the application. Refer to page 3 of the Application Instructions Manual for more information.

Government Executive's Name: Gary Keefe
 Title: City Admin. Name of Government Entity: City of Lompoc
 Address: 100 Civic Center Plaza

City: Lompoc State: CA Zip Code: 93436
 Telephone: (805) 736-1261 Fax: (805) 736-5347
 E-mail (if applicable): g_keefe@ci.lompoc.ca.us

Type of Government Entity:

- ☐ State ☒ City ☐ Town ☐ County
☐ Village ☐ Borough ☐ Township ☐ Territory
☐ Region ☐ Council ☐ Community ☐ Pueblo
☐ Nation ☐ School District
☐ Other (please specify): _____

Contact Information:

Contact person in your department who is familiar with this grant:

Name: Timothy L. Dabney
 Title: Captain
 Telephone: (805) 736-2341 Fax: (805) 875-8047
 E-mail (if applicable): t_dabney@ci.lompoc.ca.us

Universal Hiring Program Application Booklet

III. Department Information

Population served as of 2000 U.S. Census: 41,103

If the population that your agency serves is not represented by U.S. Census figures (e.g., colleges, special departments, etc.), please indicate the size of the population served here: _____

Square miles covered by your agency: 11.4

Exclude the population and square miles primarily served by other law enforcement agencies within your jurisdiction. For example, a sheriff's department must exclude populations and areas covered by a city police department for which the sheriff's department has no primary law enforcement authority.

Current budgeted locally-funded sworn force strength as of the date of application: Full-time officers: 49 Part-time officers: 0

The budgeted locally-funded sworn force strength is the number of sworn officer positions your department has allocated for its budget, including state and locally-funded vacancies. Do not include unpaid/reserve officers, COPS-funded positions (unless they are in the locally-funded retention period), or detention staff.

Current actual locally-funded sworn force strength as of the date of application: Full-time officers: 47 Part-time officers: 0

The actual locally-funded sworn force strength is the actual number of sworn officer positions employed by your department as of the date of application. Do not include vacant state or locally-funded positions, COPS-funded positions (unless they are in the locally-funded retention period), or unpaid/reserve positions.

IV. Officer Request Information

What is the total number of new officer position(s) your agency is applying for with this Universal Hiring Program application?

Full-time: 2 Part-time: _____

Your request should be consistent with your agency's law enforcement needs. Do not request more positions than your agency can realistically support.

*Total amount of federal funds requested for all full-time and part-time officers:
\$ 150,000

From Page 31, Box A on Budget Information Worksheets

*Total non-federal matching funds required (local share):

\$ 286,336

From Page 31, Box B on Budget Information Worksheets

**To answer these questions, complete and refer to the Universal Hiring Program 2003 Budget Information Worksheets provided in this Application Booklet.*

Is your agency requesting a waiver of the local match requirement due to severe fiscal distress?

[] Yes [X] No

If "yes," you must provide written justification as required per the Universal Hiring Program Waiver Information Worksheet. For further information, please refer to the "Guidelines for Waivers of the Local Match" section in the Application Instructions Manual, page 5. Requests for a waiver of the local match submitted without supporting documentation will not be considered.

CHUALAR

APPLICATION FOR
FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction Preapplication <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED 3. DATE RECEIVED BY STATE 4. DATE RECEIVED BY FEDERAL AGENCY Applicant Identifier State Application Identifier Federal Identifier															
5. APPLICANT INFORMATION Legal Name: <u>Housing Authority of the County of Monterey</u> Address (give city, county, State, and zip code): <u>123 Rico Street</u> <u>Salinas, CA 93907</u> Organizational Unit: <u>Patrick Dwire (831) 775-5012</u> Name and telephone number of person to be contacted on matters involving this application (give area code)																	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 94-6000757 </div>		7. TYPE OF APPLICANT: (enter appropriate letter in box) <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District </div> <div style="width: 45%;"> H. Independent School Dist. I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify) <u>Public Housing Authority</u> </div> </div>															
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> A. Increase Award D. Decrease Duration </div> <div style="width: 30%;"> B. Decrease Award Other (specify): </div> <div style="width: 30%;"> C. Increase Duration </div> </div>		9. NAME OF FEDERAL AGENCY: <u>USDA - Rural Development</u>															
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: <div style="border: 1px solid black; padding: 2px; display: inline-block;"> STATE CLEARING HOUSE 10-405 </div>		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: <u>Rehabilitation of existing, 29-unit Farm Labor Center originally built by USDA, owned by the Housing Authority of the County of Monterey</u>															
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): <u>County of Monterey</u>																	
13. PROPOSED PROJECT Start Date: <u>10/03</u> Ending Date: <u>01/04</u>		14. CONGRESSIONAL DISTRICTS OF: <u>Sam Farr - 17th U.S. Congressional District</u>															
15. ESTIMATED FUNDING: <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">a. Federal (sec. 514 loan)</td> <td style="width:50%; text-align: right;">\$ 183,819.00</td> </tr> <tr> <td>b. Applicant Replacement Reserves</td> <td style="text-align: right;">\$ 60,000.00</td> </tr> <tr> <td>c. State (Joe Serna Grant)</td> <td style="text-align: right;">\$ 487,624.00</td> </tr> <tr> <td>d. Local</td> <td style="text-align: right;">\$.00</td> </tr> <tr> <td>e. Other</td> <td style="text-align: right;">\$.00</td> </tr> <tr> <td>f. Program Income</td> <td style="text-align: right;">\$.00</td> </tr> <tr> <td>g. TOTAL</td> <td style="text-align: right;">\$ 731,443.00</td> </tr> </table>		a. Federal (sec. 514 loan)	\$ 183,819.00	b. Applicant Replacement Reserves	\$ 60,000.00	c. State (Joe Serna Grant)	\$ 487,624.00	d. Local	\$.00	e. Other	\$.00	f. Program Income	\$.00	g. TOTAL	\$ 731,443.00	16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE _____ b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
a. Federal (sec. 514 loan)	\$ 183,819.00																
b. Applicant Replacement Reserves	\$ 60,000.00																
c. State (Joe Serna Grant)	\$ 487,624.00																
d. Local	\$.00																
e. Other	\$.00																
f. Program Income	\$.00																
g. TOTAL	\$ 731,443.00																
17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No																	
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.																	
a. Type Name of Authorized Representative <u>James S. Nakashima</u>		b. Title <u>Executive Director</u>															
c. Telephone Number <u>(831) 424-2892</u>		d. Signature of Authorized Representative 															
e. Date Signed <u>05/23/03</u>																	

SALINAS

APPLICATION FOR
FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction Preapplication <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED	Applicant Identifier
3. DATE RECEIVED BY STATE		State Application Identifier	
4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier	
5. APPLICANT INFORMATION			
Legal Name: Housing Authority of the County/Monterey		Organizational Unit:	
Address (give city, county, State, and zip code): 123 Rico Street Salinas, CA 93901		Name and telephone number of person to be contacted on matters involving this application (give area code): Patrick Dwire (831) 775-5012	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-60000757 JUN - 4 2003		7. TYPE OF APPLICANT: (enter appropriate letter in box) A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District H. Independent School Dist. I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify) <u>Public Housing Authority</u>	
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other(specify):		9. NAME OF FEDERAL AGENCY:	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 10-405 TITLE: USDA Section 514 loan FLH		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Rehabilitation of existing, 57-unit Farm Labor Center built by USDA, owned by the Housing Auyhority of the County of Monterey	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): City of Salinas		13. PROPOSED PROJECT	
14. CONGRESSIONAL DISTRICTS OF: Sam Farr - 17th U.S. Congressional District		15. ESTIMATED FUNDING:	
Start Date 10/03		Ending Date 01/04	
16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE _____ b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes," attach an explanation. <input type="checkbox"/> No	
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.		19. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes," attach an explanation. <input type="checkbox"/> No	
a. Type Name of Authorized Representative James S. Nakashima		b. Title Executive Director	
c. Telephone Number (831) 424-2892		d. Date Signed 03/23/02	
Previous Edition Usable		Authorized for Local Reproduction	

APPLICATION FOR FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION:		2. DATE SUBMITTED MAY 1, 2003	Applicant Identifier VC999043-08-01
Application	Preapplication	3. DATE RECEIVED BY STATE	State Application Identifier
<input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction	<input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction	4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
5. APPLICANT INFORMATION			
Legal Name: DEPARTMENT of TOXIC SUBSTANCES CONTROL		Organizational Unit: SITE MITIGATION & BROWNFIELDS REUSE PROGRAM	
Address (give city, county, state, and zip code): 1001 I STREET, 11th FLOOR P.O. BOX 806 SACRAMENTO, CALIFORNIA 95812-0806		Name and telephone number of the person to be contacted on matters involving this application (give area code): MARIA BONILLA (916) 324-2444	
6. EMPLOYER IDENTIFICATION (EIN): 68-0281381		7. TYPE OF APPLICANT: (enter appropriate letter here) <u>A</u> A. State H. Independent School District B. County I. State Controlled Institution of Higher Learning C. Municipal J. Private University D. Township K. Indian Tribe E. Interstate L. Individual F. Intermunicipal M. Profit Organization G. Special District N. Other (Specify):	
8. TYPE OF APPLICATION: new <input checked="" type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es): <input type="checkbox"/> <input type="checkbox"/> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other Specify:		9. NAME OF FEDERAL AGENCY: REGION IX U.S. ENVIRONMENTAL PROTECTION AGENCY	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: <u>66-882</u> TITLE: ENVIRONMENTAL RESTORATION PROGRAM		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: FFY 2001 STATE CORE SUPERFUND PROGRAM FOR NON-SITE SPECIFIC ADMINISTRATIVE AND SACRAMENTO CITY FIRE DEPARTMENT CONTRACT.	
12. AREAS AFFECTED BY PROJECT (CITIES, COUNTIES, STATES, ETC) STATEWIDE CALIFORNIA			
13. PROPOSED PROJECT:		14. CONGRESSIONAL DISTRICT OF:	
Start Date 07/01/2003	End Date 06/30/2005	a. Applicant: 5 & 6	b. Project 5 & 6
15. Estimated Funding:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal*	\$ 600,000	a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESSES FOR REVIEW ON: DATE	
b. Applicant	\$	b. NO. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
c. State	\$ 66,666		
d. Local	\$		
e. Other	\$		
f. Program Income	\$	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No	
g. TOTAL	\$ 666,666		
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED			
a. Typed Name of Authorized Representative. DOROTHY RICE		b. Title: DEPUTY DIRECTOR	c. Telephone No. (916) 323-3576
d. Signature of Authorized Representative <i>Dorothy Rice</i>		e. Date Signed <i>5.24.03</i>	

APPLICATION FOR
FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

1. TYPE OF SUBMISSION:		2. DATE SUBMITTED		Applicant Identifier	
Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE		N/A	
Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		4. DATE RECEIVED BY FEDERAL AGENCY		State Application Identifier	
				N/A	
5. APPLICANT INFORMATION				Federal Identifier	
Legal Name:				Region 9 Tracking #03-259	
City of Ripon		Organizational Unit:		Municipal Corporation	
Address (give city, county, State, and zip code):		Name and telephone number of person to be contacted on matters involving this application (give area code)		209/599-2108	
259 N. Wilma Avenue		Matthew Machado, City Engineer			
Ripon, CA 95366		7. TYPE OF APPLICANT: (enter appropriate letter in box)		C	
6. EMPLOYER IDENTIFICATION NUMBER (EIN):		A. State		H. Independent School Dist.	
94 - 6000406		B. County		I. State Controlled Institution of Higher Learning	
8. TYPE OF APPLICATION:		C. Municipal		J. Private University	
<input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision		D. Township		K. Indian Tribe	
If Revision, enter appropriate letter(s) in box(es)		E. Interstate		L. Individual	
A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other(specify):		F. Intermunicipal		M. Profit Organization	
		G. Special District		N. Other (Specify)	
		9. NAME OF FEDERAL AGENCY:		U.S. Environmental Protection Agency	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:			
66 - 606		To evaluate, design and construct treatment systems which comply with both the US EPA and Cal/EPA (AB 463) Drinking Water Standards-Arsenic.			
TITLE: Catalog of Federal Domestic Assistance					
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):					
City of Ripon: approximately 5 square miles San Joaquin Cty, California					
13. PROPOSED PROJECT		14. CONGRESSIONAL DISTRICTS OF:		CA Assemblyman Agazarian, Dist. 26	
Start Date Summer03 Ending Date Fall 05		US Congressman Pombo, Dist. 11; CA Senator Poochigian, Dist. 14			
15. ESTIMATED FUNDING:		a. Applicant		b. Project	
		City of Ripon		Arsenic Treatment Systems	
a. Federal		\$ 433,700		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
b. Applicant		\$ 354,845		a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:	
c. State		\$		DATE June 3, 2003 (Fax & US Mail)	
d. Local		\$		b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372	
e. Other		\$		<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
f. Program Income		\$		17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?	
g. TOTAL		\$ 788,545		<input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No	
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.					
a. Type Name of Authorized Representative		b. Title		c. Telephone Number	
Matthew Machado		City Engineer		209/599-2108	
d. Signature of Authorized Representative				e. Date Signed	
Matthew Machado				6-3-03	

Previous Edition Usable

Authorized for Local Reproduction

Standard Form 424 (Rev. 7-97)
Prescribed by OMB Circular A-102

**Application for
Federal Assistance**

**U.S. Department of Housing
and Urban Development**

OMB Approval No. 2501-0017 (exp. 03/31/2005)

1. Type of Submission

☒

Application

☐

Preapplication

2. Date Submitted

06/13/2003

4. HUD Application Number

3. Date and Time Received by HUD

5. Existing Grant Number

6. Applicant Identification Number

7. Applicant's Legal Name

Providence Foundation of San Francisco

8. Organizational Unit

N/A

9. Address (give city, county, State, and zip code)

A. Address: P.O. Box 24117

B. City: San Francisco

C. County: San Francisco

D. State: CA

E. Zip Code: 94124-0177

10. Name, title, telephone number, fax number, and e-mail of the person to be contacted on matters involving this application (including area codes)

A. Name: William Pickel

B. Title: Development Project Manager

C. Phone: (510) 632-6712 ext. 121

D. Fax: (510) 632-6704

E. E-mail: bpickel@cchnc.org

11. Employer Identification Number (EIN) or SSN

93-1204173

12. Type of Applicant (enter appropriate letter in box)

N

A. State

I. University or College

B. County

J. Indian Tribe

C. Municipal

K. Tribally Designated Housing Entity (TDHE)

D. Township

L. Individual

E. Interstate

M. Profit Organization

F. Intermunicipal

N. Non-profit

G. Special District

O. Public Housing Authority

H. Independent School District

P. Other (Specify)

13. Type of Application

☒ New

☐ Continuation

☐ Renewal

☐ Revision

☐ Revision

If Revision, enter appropriate letters in box(es)

☐

☐

A. Increase Amount B. Decrease Amount C. Increase Duration

D. Decrease Duration E. Other (Specify)

14. Name of Federal Agency

U.S. Department of Housing and Urban Development

15. Catalog of Federal Domestic Assistance (CFDA) Number

14 --- 157

Title: Sect. 202 Supportive Housing for the Elderly Capital Advance Component Title:

16. Descriptive Title of Applicant's Program

Providence Senior Housing

Rental Housing for Very Low-Income Elderly w/ on-site Social Service Coordination

17. Areas affected by Program (boroughs, cities, counties, States, Indian Reservation, etc.) City and County of San Francisco

18a. Proposed Program start date
6/13/03

18b. Proposed Program end date
6/13/45

19a. Congressional Districts of Applicant
8th

19b. Congressional Districts of Program
8th

20. Estimated Funding: Applicant must complete the Funding Matrix on Page 2.

21. Is Application subject to review by State Executive Order 12372 Process?

A. Yes

☒

This preapplication/application was made available to the State Executive Order 12372 Process for review on: Date 5/27/03

B. No

☐

Program is not covered by E.O. 12372

☐

Program has not been selected by State for review.

22. Is the Applicant delinquent on any Federal debt?

☒

No

☐

Yes If "Yes," explain below or attach an explanation.

Funding Matrix

The applicant must provide the funding matrix shown below, listing each program for which HUD funding is being requested, and complete the certifications.

Grant Program*	HUD Share	Applicant Match	Other HUD Funds	Other Federal Share	State Share	Local/Tribal Share	Other	Program Income	Total
HUD Section 202	5,969,750.00	10,000.00	208,250.00			2,579,148.00			8,767,148.00 8,767,148.00
									0.00
									0.00
									0.00
									0.00
Grand Totals	5,969,750.00	10,000.00	208,250.00	0.00	0.00	2,579,148.00	0.00	0.00	8,767,148.00

* For FHIPs, show both initiative and component

* Section 202 Program requires sponsor to make minimum capital contribution of \$10,000.00 to new 501(c)3 ownership entity.

** \$208,250 Annual Project Rental Assistance payments subject to annual Congressional appropriations.

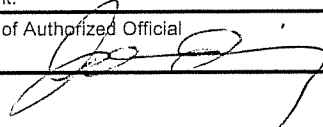
*** From San Francisco Redevelopment Agency

Certifications

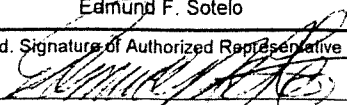
I certify, to the best of my knowledge and belief, that no Federal appropriated funds have been paid, or will be paid, by or on behalf of the applicant, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress, in connection with the awarding of this Federal grant or its extension, renewal, amendment or modification. If funds other than Federal appropriated funds have or will be paid for influencing or attempting to influence the persons listed above, I shall complete and submit Standard Form-LLL, Disclosure Form to Report Lobbying. I certify that I shall require all sub awards at all tiers (including sub-grants and contracts) to similarly certify and disclose accordingly.

Federally recognized Indian Tribes and tribally designated housing entities (TDHEs) established by Federally-recognized Indian tribes as a result of the exercise of the tribe's sovereign power are excluded from coverage of the Byrd Amendment, but State-recognized Indian tribes and TDHEs established under State law are not excluded from the statute's coverage.

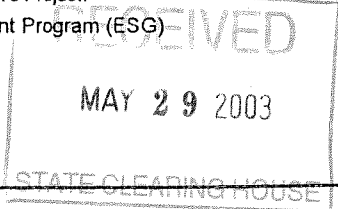
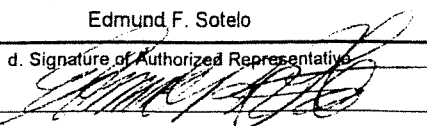
This application incorporates the Assurances and Certifications (HUD-424B) attached to this application or renews and incorporates for the funding you are seeking the Assurances and Certifications currently on file with HUD. To the best of my knowledge and belief, all information in this application is true and correct and constitutes material representation of fact upon which HUD may rely in awarding the agreement.

23. Signature of Authorized Official 	Name (printed) James Blanding
Title President	Date (mm/dd/yyyy) 05/27/2003

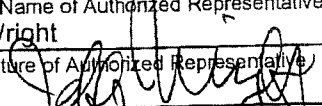
Application for Federal Assistance

		2. Date Submitted 05/15/03		Applicant Identifier B-03-MC-06-0534	
1. Type of Submission: Application: Non - Construction Preapplication:		3. Date Received by State 07/01/03		State Application Identifier	
		4. Date Received by Federal Agency 05/15/03		Federal Identifier	
5. Applicant Information					
Legal Name City of Oxnard			Organizational Unit Finance Department-Grants Management		
Address 300 West Third Street, Suite 302 Oxnard, CA 93030 Ventura County			Contact Norma J. Owens 805.385.7477		
6. Employer Identification Number (EIN): 95600756			7. Type of Applicant: Municipal		
8. Type of Application: Type: Continuation					
			9. Name of Federal Agency: U.S. Dept. of Housing and Urban Development		
10. Catalog of Federal Domestic Assistance Number: Catalog Number: 14.218 Assistance Title: Community Development Block Grant (CDBG)			11. Descriptive Title of Applicant's Project: Community Development Block Grant Program (CDBG)		
2. Areas Affected by Project: City of Oxnard			<div style="border: 1px solid black; padding: 5px; text-align: center;"> RECEIVED MAY 29 2003 STATE CLEARING HOUSE </div>		
13. Proposed Project:					
Start Date 07/01/03		End Date 06/30/04		14. Congressional Districts of: a. Applicant 23	
				b. Project 23	
15. Estimated Funding:			16. Is Application Subject to Review by State Executive Order 12372 Process?		
a. Federal \$3,363,000			Review Status: Program covered Date: 07/01/03		
b. Applicant \$0					
c. State \$0			17. Is the Applicant Delinquent on Any Federal Debt? No		
d. Local \$0					
e. Other \$0					
f. Program Income \$0					
g. Total \$ 3,363,000					
18. To the best of my knowledge and belief, all data in this application/preapplication are true and correct, the document has been duly authorized by the governing body of the applicant and the applicant will comply with the attached assurances if the assistance is awarded.					
a. Typed Name of Authorized Representative Edmund F. Sotelo		b. Title City Manager		c. Telephone Number 805.385.7428	
d. Signature of Authorized Representative 				e. Date Signed 05/14/03	

Application for Federal Assistance

		2. Date Submitted 05/15/03		Applicant Identifier S-03-MC-06-0534	
1. Type of Submission: Application: Non - Construction Preapplication:		3. Date Received by State 07/01/03		State Application Identifier	
		4. Date Received by Federal Agency 05/15/03		Federal Identifier	
5. Applicant Information					
Legal Name City of Oxnard			Organizational Unit Finance Department-Grants Management		
Address 300 West Third Street, Suite 302 Oxnard, CA 93030 Ventura			Contact Norma J. Owens 805.385.7477		
6. Employer Identification Number (EIN): 956000756			7. Type of Applicant: Municipal		
8. Type of Application: Type: Continuation					
			9. Name of Federal Agency: U.S. Dept. of Housing and Urban Development		
10. Catalog of Federal Domestic Assistance Number: Catalog Number: 14.231 Assistance Title: Emergency Shelter Grant (ESG)			11. Descriptive Title of Applicant's Project: Emergency Shelter Grant Program (ESG) 		
2. Areas Affected by Project: City of Oxnard					
13. Proposed Project:		14. Congressional Districts of:			
Start Date 07/01/03	End Date 06/30/04	a. Applicant 23		b. Project 23	
15. Estimated Funding:		16. Is Application Subject to Review by State Executive Order 12372 Process?			
a. Federal \$106,000		Review Status: Program covered Date: 07/01/03			
b. Applicant \$0					
c. State \$0		17. Is the Applicant Delinquent on Any Federal Debt? No			
d. Local \$0					
e. Other \$0					
f. Program Income \$0					
g. Total \$ 106,000					
18. To the best of my knowledge and belief, all data in this application/preapplication are true and correct, the document has been duly authorized by the governing body of the applicant and the applicant will comply with the attached assurances if the assistance is awarded.					
a. Typed Name of Authorized Representative Edmund F. Sotelo		b. Title City Manager		c. Telephone Number 805.385.7428	
d. Signature of Authorized Representative 				e. Date Signed 05/14/03	

APPLICATION FOR
FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: <input type="checkbox"/> Application Construction <input checked="" type="checkbox"/> Non-Construction		2. DATE SUBMITTED June 2, 2003		Applicant Identifier					
		3. DATE RECEIVED BY STATE		State Application Identifier					
				4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier			
5. APPLICANT INFORMATION									
Legal Name: CSU, Chico Research Foundation				Organizational Unit: Center for Economic Development					
Address (give city, county, State, and zip code): Kendall Hall, Room 114 CSU, Chico Chico, CA 95929-0870				Name and telephone number of person to be contacted on matters involving this application (give area code) Janice Rhodd 530-898-4598					
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 68-0386518				7. TYPE OF APPLICANT: (enter appropriate letter in box) I					
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other(specify): _____				A. State H. Independent School Dist. B. County I. State Controlled Institution of Higher Learning C. Municipal J. Private University D. Township K. Indian Tribe E. Interstate L. Individual F. Intermunicipal M. Profit Organization G. Special District N. Other (Specify) _____					
9. NAME OF FEDERAL AGENCY: U.S. SMALL BUSINESS ADMINISTRATION				11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: CSU, Chico Research Foundation Center for Economic Development Lead SBDC Application (six months)					
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 59-037 TITLE: SMALL BUSINESS DEVELOPMENT CENTER									
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Amador, Butte, Calaveras, Colusa, El Dorado, Glenn, Lassen, Modoc, Nevada, Placer, Plumas, Shasta, San Joaquin, Sierra, Siskiyou, Sutter, Tehama, Trinity, Yolo, and Yuba counties									
13. PROPOSED PROJECT		14. CONGRESSIONAL DISTRICTS OF:							
Start Date 7/1/03	Ending Date 12/31/03	a. Applicant Second		b. Project First, Second, Third, Fourth					
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?							
a. Federal \$ 509,635 ⁰⁰		a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE _____							
b. Applicant \$ ⁰⁰		b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372							
c. State \$ ⁰⁰		<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW							
d. Local \$ ⁰⁰		17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No							
e. Other \$ 643,790 ⁰⁰									
f. Program Income \$ ⁰⁰									
g. TOTAL \$ 1,153,425 ⁰⁰		18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.							
a. Type Name of Authorized Representative Jeff Wright						b. Title Director, Sponsored Programs		c. Telephone Number (530) 898-5700	
d. Signature of Authorized Representative 						e. Date Signed 6/2/03			

Previous Edition Usable

Standard Form 424 (Rev. 7-97)
Prescribed by OMB Circular A-102

APPLICATION FOR FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED June 2, 2003		Applicant Identifier	
				State Application Identifier	
				Federal Identifier	
5. APPLICANT INFORMATION Legal Name: CSU, Chico Research Foundation Address (give city, county, State, and zip code): Kendall Hall, Room 114 CSU, Chico Chico, CA 95929-0870					
6. EMPLOYER IDENTIFICATION NUMBER (EIN): <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 6 8 — 0 3 8 6 5 1 8 </div>			7. TYPE OF APPLICANT: (enter appropriate letter in box) <div style="display: flex; justify-content: space-between;"> <div> A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District </div> <div> H. Independent School Dist. I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify) _____ </div> </div> <div style="text-align: right; margin-top: -20px;"> <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;">1</div> </div>		
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"></div> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other(specify): _____			9. NAME OF FEDERAL AGENCY: U.S. SMALL BUSINESS ADMINISTRATION		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 5 9 — 0 3 7 </div> TITLE: SMALL BUSINESS DEVELOPMENT CENTER			11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: CSU, Chico Research Foundation Center for Economic Development Lead SBDC Application (one year)		
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Amador, Butte, Calaveras, Colusa, El Dorado, Glenn, Lassen, Modoc, Nevada, Placer, Plumas, Shasta, San Joaquin, Sierra, Siskiyou, Sutter, Tehama, Trinity, Yolo, and Yuba counties					
13. PROPOSED PROJECT Start Date: 1/1/04 Ending Date: 12/31/04		14. CONGRESSIONAL DISTRICTS OF: a. Applicant: Second b. Project: First, Second, Third, Fourth			
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?			
a. Federal: \$ 925,148 ⁰⁰ b. Applicant: \$ ⁰⁰ c. State: \$ ⁰⁰ d. Local: \$ ⁰⁰ e. Other: \$ 1,243,692 ⁰⁰ f. Program Income: \$ ⁰⁰ g. TOTAL: \$ 2,168,840 ⁰⁰		a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE _____ b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW			
		17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No			
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.					
a. Type Name of Authorized Representative Jeff Wright		b. Title Director, Sponsored Programs		c. Telephone Number (530) 898-5700	
d. Signature of Authorized Representative 		e. Date Signed 6/2/03			

Previous Edition Usable
Authorized for Local Reproduction

Standard Form 424 (Rev. 7-97)
Prescribed by OMB Circular A-102

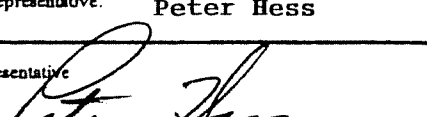
APPLICATION FOR FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED May 30, 2003	Applicant Identifier
		3. DATE RECEIVED BY STATE	State Application Identifier
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier

5. APPLICANT INFORMATION	
Legal Name: Department of Toxic Substances Control Address (give city, county, State, and zip code): P.O. Box 806 Sacramento, CA 95812-0806	Organizational Unit: Hazardous Waste Management Program Name and telephone number of person to be contacted on matters involving this application (give area code): Watson Gin, P.E., Deputy Director (916) 322-3501
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 68 - 0281381	7. TYPE OF APPLICANT: (enter appropriate letter in box) <div style="display: flex; justify-content: space-between;"> <div> A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District </div> <div> H. Independent School Dist. I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify) _____ </div> </div> <div style="text-align: right; border: 1px solid black; width: 30px; height: 20px; margin: 5px auto;">A</div>
8. TYPE OF APPLICATION: <div style="display: flex; justify-content: space-around;"> <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision </div> If Revision, enter appropriate letter(s) in box(es) A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other(specify): <u>State Fiscal Year 2003-05 Grant</u>	9. NAME OF FEDERAL AGENCY:
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 66 - 801 TITLE: Hazardous Waste Management Waste Program Support	11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Resource Conservation and Recovery Act (RCRA) Fiscal Year 2003-05 Hazardous Waste Management Program
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Exclusive counties within the State of California	
13. PROPOSED PROJECT	14. CONGRESSIONAL DISTRICTS OF:
Start Date 7-1-2003	Ending Date 6-30-2005
a. Applicant 03	b. Project Statement
15. ESTIMATED FUNDING:	
a. Federal	\$ 15,107,220 ⁰⁰
b. Applicant	\$ 5,035,740 ⁰⁰
c. State	\$ ⁰⁰
d. Local	\$ ⁰⁰
e. Other	\$ ⁰⁰
f. Program Income	\$ ⁰⁰
g. TOTAL	\$ 20,142,960 ⁰⁰
16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE _____ b. No. <input type="checkbox"/> PROGRAM <input type="checkbox"/> OR PROGR FOR REVIE	
17. IS THE APPLICANT <input type="checkbox"/> Yes If "Yes,"	
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE ... DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH ALL ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.	
a. Type Name of Authorized Representative Watson Gin, P.E.	b. Title Deputy Director
c. Telephone Number (916) 322-3501	
d. Date Signed 5/29/2003	

APPLICATION FOR FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION		2. DATE SUBMITTED	Applicant Identifier
Application	Preapplication	3. DATE RECEIVED BY STATE	State Application Identifier
<input type="checkbox"/> Construction	<input type="checkbox"/> Construction	4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
<input checked="" type="checkbox"/> Non-Construction	<input type="checkbox"/> Non-Construction		
5. APPLICANT INFORMATION			
Legal Name: Bay Area Air Quality Management District		Organizational Unit:	
Address (give city, county, state, and zip code): 939 Ellis Street San Francisco, CA 94109		Name and telephone number of the person to be contacted on matters involving this application (give area code) Ronald Raimondi, Finance Manager (415) 749-4957	
6. EMPLOYER IDENTIFICATION (EIN): 94-1622746		7. TYPE OF APPLICANT: (enter appropriate letter here) G A. State H. Independent School District B. County I. State Controlled Institution of Higher Learning C. Municipal J. Private University D. Township K. Indian Tribe E. Interstate L. Individual F. Intermunicipal M. Profit Organization G. Special District N. Other (Specify):	
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es): <input type="checkbox"/> <input type="checkbox"/> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other Specify:		9. NAME OF FEDERAL AGENCY: U. S. Environmental Protection Agency	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 66-606 TITLE: Surveys, Studies, Investigations		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Air Monitoring for Homeland Security EPA Funding \$ 1,412,100 In-Kind Funding 132,152 Total Grant Funding \$ 1,544,252	
12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.): Counties of: San Francisco and Santa Clara			
13. PROPOSED PROJECT:		14. CONGRESSIONAL DISTRICT OF:	
Start Date 1/1/2003	End Date 9/30/2004	a. Applicant: 02	b. Project: 04-13
15. Estimated Funding:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$ 1,412,100	a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESSES FOR REVIEW ON: DATE 5/30/2003	
b. Applicant	\$ 132,152	b. NO. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
c. State	\$	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?	
d. Local	\$	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input type="checkbox"/> No	
e. Other	\$		
f. Program Income	\$		
g. TOTAL	\$ 1,544,252 .00		
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Typed Name of Authorized Representative: Peter Hess		b. Title: Deputy Air Pollution Control Officer	c. Telephone Number: (415) 749-4971
d. Signature of Authorized Representative: 		e. Date Signed: 5/30/2003	

APPLICATION FOR FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

1. TYPE OF SUBMISSION: <input type="checkbox"/> Application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED 5/29/03		Applicant Identifier	
<input checked="" type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE		State Application Identifier	
4. APPLICANT INFORMATION Legal Name: City of Calistoga Address (give city, county, State, and zip code): 1232 Washington Street, Calistoga, CA 94515 Napa County		4. DATE RECEIVED BY FEDERAL AGENCY 5/29/03		Federal Identifier 04-020-946000305	
5. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-60000305		7. TYPE OF APPLICANT: (enter appropriate letter in box) A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District H. Independent School Dist. I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify) _____ <input checked="" type="checkbox"/> C			
6. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision Revision, enter appropriate letter(s) in box(es) <input type="checkbox"/> <input type="checkbox"/> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other(specify): _____		9. NAME OF FEDERAL AGENCY: USDA Rural Utilities Service			
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 10-770 TITLE: 2. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): City of Calistoga		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Sludge removal for Wastewater Treatment Plant Upgrade			
3. PROPOSED PROJECT Start Date: 6/5/01 Ending Date: 9/1/03		14. CONGRESSIONAL DISTRICTS OF: a. Applicant First b. Project First			
5. ESTIMATED FUNDING: Federal \$ 2,028,500.00 Applicant \$.00 State \$.00 Local \$.00 Other \$.00 Program Income \$.00 TOTAL \$ 2,028,500.00		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? (a) YES THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE 5/30/03 b. No <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW			
8. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.		17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No			
a. Type Name of Authorized Representative James McCann		b. Title City Manager		c. Telephone Number (707) 942-2805	
d. Signature of Authorized Representative James C. McCann		e. Date Signed 5/28/03			

APPLICATION FOR FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED May 29, 2003		Applicant Identifier	
3. DATE RECEIVED BY STATE		State Application Identifier			
4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier			

5. APPLICANT INFORMATION

Legal Name: Mother Lode Job Training Agency	Organizational Unit: Workforce Investment Board
Address (give city, county, State, and zip code): 19900 Cedar Road North Sonora, Tuolumne, California 95370	Name and telephone number of person to be contacted on matters involving this application (give area code): Candace Katosic (209) 533-3396 ext 224

6. EMPLOYER IDENTIFICATION NUMBER (EIN):

7	7	—	0	2	7	4	4	2	3
---	---	---	---	---	---	---	---	---	---

7. TYPE OF APPLICANT: (enter appropriate letter in box)

A. State	H. Independent School Dist.
B. County	I. State Controlled Institution of Higher Learning
C. Municipal	J. Private University
D. Township	K. Indian Tribe
E. Interstate	L. Individual
F. Intermunicipal	M. Profit Organization
G. Special District	N. Other (Specify) <u>Joint Powers</u>

N

8. TYPE OF APPLICATION:
☒ New ☐ Continuation ☐ Revision
 If Revision, enter appropriate letter(s) in box(es) ☐ ☐

A. Increase Award	B. Decrease Award	C. Increase Duration
D. Decrease Duration	Other(specify):	

9. NAME OF FEDERAL AGENCY:
 Department of Agriculture Rural Development

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:

1	0	—	7	7	3
---	---	---	---	---	---

TITLE:

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
 MOTHER LODE BUSINESS CONNECTION

12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):
 Amador, Calaveras, Mariposa, Tuolumne Counties in California

13. PROPOSED PROJECT Start Date Ending Date 9/1/03 8/31/04	14. CONGRESSIONAL DISTRICTS OF: a. Applicant b. Project Districts 3 & 19 Districts 3 & 19
---	--

15. ESTIMATED FUNDING:

a. Federal	\$	50,000	.00
b. Applicant	\$	23,252	.00
c. State	\$.00
d. Local	\$	5,694	.00
e. Other	\$.00
f. Program Income	\$.00
g. TOTAL	\$	78,946	.00

16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?
 a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:
 DATE 06/02/03
 b. No. ☐ PROGRAM IS NOT COVERED BY E. O. 12372
☐ OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

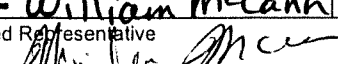
17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?
☐ Yes If "Yes," attach an explanation. ☒ No

18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.

a. Type Name of Authorized Representative Candace Katosic	b. Title Director	c. Telephone Number (209) 533-3396
d. Signature of Authorized Representative 		e. Date Signed 5/30/03

APPLICATION FOR FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

1. TYPE OF SUBMISSION: Application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED May 29, 2003		Applicant Identifier	
		3. DATE RECEIVED BY STATE		State Application Identifier	
		4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier	
5. APPLICANT INFORMATION					
Legal Name: Le Grand Community Services District			Organizational Unit:		
Address (give city, county, State, and zip code): 13038 Jefferson Street, Le Grand, CA 95333-9759			Name and telephone number of person to be contacted on matters involving this application (give area code) Gerald Herman, (559) 673-5981, ext. 23		
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 69-0933861			7. TYPE OF APPLICANT: (enter appropriate letter in box) <div style="display: flex; justify-content: space-between;"> <div> A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District </div> <div> H. Independent School Dist. I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify) _____ </div> </div> <div style="text-align: right; border: 1px solid black; width: 30px; height: 20px; line-height: 20px; margin-left: auto;">G</div>		
8. TYPE OF APPLICATION: <div style="display: flex; justify-content: space-around;"> <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision </div> If Revision, enter appropriate letter(s) in box(es) A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other(specify): _____			9. NAME OF FEDERAL AGENCY: USDA Rural Utilities Service		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: <div style="text-align: right;">10-760</div> TITLE: Water & Waste Disposal Loan and Grant Program			11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Emergency replacement of pump at Well 2		
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Le Grand, Merced County, California					
13. PROPOSED PROJECT		14. CONGRESSIONAL DISTRICTS OF:			
Start Date 4/15/03	Ending Date 6/30/03	a. Applicant District 18		b. Project District 18	
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?			
a. Federal	\$ 18,000 ⁰⁰	a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE 05/29/03 b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW			
b. Applicant	\$ ⁰⁰				
c. State	\$ ⁰⁰				
d. Local	\$ ⁰⁰				
e. Other	\$ ⁰⁰				
f. Program Income	\$ ⁰⁰				
g. TOTAL	\$ 18,000 ⁰⁰	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No			
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.					
a. Type Name of Authorized Representative Vicky Ramirez William McCann		b. Title Vice President		c. Telephone Number (209) 389-4173	
d. Signature of Authorized Representative 				e. Date Signed 5-29-03	

DOT**FTA**

U.S. Department of Transportation

Federal Transit Administration

Application for Federal Assistance

Recipient ID:	1644
Recipient Name:	CITY OF LOS ANGELES
Project ID:	CA-90-Y201-00
Budget Number:	1 - Budget Pending Approval
Project Information:	BUS REFURBISHMENT

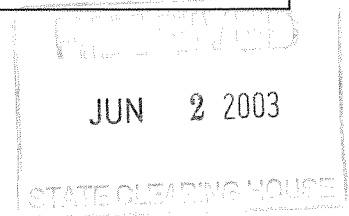
Part 1: Recipient Information

Project Number:	CA-90-Y201-00
Recipient ID:	1644
Recipient Name:	CITY OF LOS ANGELES
Address:	221 N. Figueroa Street SUITE 400, LOS ANGELES, CA 90012 0000
Telephone:	(213) 580-5414
Facsimile:	(213) 580-5458

Union Information

Recipient ID:	1644
Union Name:	LOS ANGELES POLICE PROTECTIVE LEAGUE
Address 1:	1308 W. 8th Street
Address 2:	Suite 400
City:	Los Angeles, CA 90017 0000
Contact Name:	Dave Hepburn
Telephone:	(213) 251-4565
Facsimile:	(213) 251-4566

Recipient ID:	1644
Union Name:	INTERNATIONAL BROTHERHOOD OF TEAMSTERS
Address 1:	25 Louisiana Avenue. N.W.
Address 2:	
City:	Washington, DC 20001 0000
Contact Name:	James Hoffa



Telephone:	(202) 624-6800
Facsimile:	(202) 624-8106

Recipient ID:	1644
Union Name:	TRANSPORTATION-COMMUNICATIONS INTERNATIONAL UNION
Address 1:	3 Research Place
Address 2:	
City:	Rockville, MD 20850 0000
Contact Name:	Robert Scardelletti
Telephone:	(301) 948-4910
Facsimile:	(301) 948-1369

Recipient ID:	1644
Union Name:	UNITED TRANSPORTATION UNION
Address 1:	14600 Detroit Avenue
Address 2:	
City:	Cleveland, OH 44107 0000
Contact Name:	Bernie McNelis
Telephone:	(216) 228-9400
Facsimile:	(216) 228-5755

Part 2: Project Information

Project Type:	Grant	Gross Project Cost:	\$7,830,000
Project Number:	CA-90-Y201-00	Adjustment Amt:	\$0
Project Description:	BUS REFURBISHMENT	Total Eligible Cost:	\$7,830,000
Recipient Type:	City	Total FTA Amt:	\$932,000
FTA Project Mgr:	Ray Tellis	Total State Amt:	\$0
Recipient Contact:	Chuck Hammerstein	Total Local Amt:	\$6,898,000
New/Amendment:	None Specified	Other Federal Amt:	\$0
Amend Reason:	Initial Application	Special Cond Amt:	\$0
Fed Dom Asst. #:	20507	Special Condition:	None Specified
Sec. of Statute:	5307	S.C. Tgt. Date:	None Specified
State Appl. ID:	None Specified	S.C. Eff. Date:	None Specified
Start/End Date:	Sep. 25, 2001 - Jun. 30, 2003	Est. Oblig Date:	30-Apr-2003
Recvd. By State:		Pre-Award Authority?:	No
EO 12372 Rev:	YES		
Review Date:	May. 28, 2003	Fed. Debt	
Planning Grant?:	NO		

Program Date (STIP/UPWP/FTA Prm Plan) :	Sep. 25, 2001	Authority?:	No
Program Page:	LA0D32	Final Budget?:	Yes
Application Type:	Electronic		
Supp. Agreement?:	Yes		
Debt. Delinq. Details:			

Urbanized Areas

UZA ID	UZA Name
60020	LOS ANGELES--LONG BEACH--SANTA ANA, CA

Congressional Districts

State ID	District Code	District Official
6	20	Calvin M Dooley
6	22	William M Thomas
6	24	Elton Gallegly
6	25	Howard P McKeon
6	26	David Dreier
6	27	Brad Sherman
6	29	Adam B Schiff
6	30	Henry A Waxman
6	32	Hilda L Solis
6	35	Maxine Waters
6	36	Jane Harman
6	37	Juanita Millender-McDon
6	38	Grace F Napolitano

Project Details

Vehicle Emission Reduction Program -- Purchase replacement engine packages for 58 vehicles with new engine packages utilizing the latest is efficient diesel technology.

Project justification includes extending the service life of existing vehicles while lowering emissions.

Federal Funding Availability and Corresponding Fiscal years for the Sec. 5307 funds in this application: Fiscal year 02/03. See TIP sheet referenced below.

Project I.D. is LA0D32, 2002 FTIP.

FUEL TYPE: Diesel